

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|--------------------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4206 | Syringe w/needle, sterile , 1 cc or less, each | Y/12 month if PA required | YES > 125 | per calendar month | NO | | | \$0.31 | Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME |
| A4207 | Syringe with needle; sterile 2cc, each | Y/12 month if PA required | YES > 10 | per calendar month | NO | | | \$0.31 | |
| A4208 | Syringe with needle; sterile 3cc, each | Y/12 month if PA required | YES > 10 | per calendar month | NO | | | \$0.31 | |
| A4209 | Syringe with needle; sterile 5cc each | Y/12 month if PA required | YES >10 | per calendar month | NO | | | \$0.31 | |
| A4210 | Needle-free injection device, each | | NO | | NO | | | \$36.67 | remains a covered service through DME |
| A4211 | Supplies for self-administered injections--pen needles | Y/12 months | YES | | NO | | | M | added to fee schedule 2/14/08 |
| A4213 | Syringe, sterile, 20cc or greater, each | | NO | | NO | | | \$1.67 | |
| A4215 | Sterile needle only,any size, each | | NO | | NO | | | \$0.97 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|-----------------------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4217 | Sterile water/saline , 500 ml | | NO | | NO | | | \$2.13 | |
| A4218 | Sterile Saline or H2O metered dose dispenser 10 ml | Y/12 months | YES | | NO | | | M | |
| A4220 | Refill kit for implantable infusion pump | Y/12 months | YES | | NO | | | M | |
| A4221 | Supplies for maintenance of drug infusion catheter per week, drug separate | | NO | | NO | | | \$21.65 | |
| A4222 | Supplies for external drug infusion pump per cassette or bag, drug separate | | NO | | NO | | | \$44.70 | rate set 01/01/2007 |
| A4223 | Infusion supplies not used with ext. infusion pump, per cassette or bag | | NO | | NO | | | \$4.83 | rate set 01/01/2007 |
| A4230 | Infusion set for external insulin pump, non needle cannula type each | YES if PA required | YES> | 16 per calendar month | NO | | | \$11.55 | rate set 01/01/2007; qty limit eff. 5/1/09 |
| A4231 | Infusion set for external insulin pump, needle type each | YES if PA required | YES> | 16 per calendar month | NO | | | \$7.33 | rate set 01/01/2007; qty limit eff. 5/1/09 |
| A4232 | Syringe with needle for external insulin pump, sterile 3cc | | NO | | NO | | | \$2.54 | |
| A4233 | Replacement battery , other than J cell home glucose mon. each | | NO | | NO | | | \$0.72 | rate set 08/01/2007; new rate to begin DOS 4/1/09 |
| A4234 | Replacement battery , J cell, home glucose mon. each | | NO | | NO | | | \$3.27 | rate set 08/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4235 | Replacement battery, lithium, home glucose mon. each | | NO | | NO | | | \$2.11 | rate set 08/01/2007 |
| A4236 | Replacement battery, silver oxide, home glucose mon., each | | NO | | NO | | | \$1.50 | rate set 08/01/2007 |
| A4250 | Urine test or reagent strips or tablets 100 tablets or strips=1 unit | Y/12 month if PA required | YES > 2unit | per calendar month | NO | | | \$15.00 | Coverage will be through pharmacy 10/5/10 and after |
| A4252 | Blood ketone test or reagent strip, each | Y/12 months | YES | | NO | | | M | Coverage will be through pharmacy 10/5/10 and after |
| A4253 | Blood glucose test or reag. strips blood glucose monitor, 50 strips=1unit | Y/12 month if PA required | YES> 4 unit | per calendar month | NO | | | \$35.76 | Coverage will be through pharmacy 10/5/10 and after |
| A4256 | Normal, low and high calibrator solution/chips | | NO | | NO | | | \$10.52 | Coverage will be through pharmacy 10/5/10 and after |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4258 | Spring-powered device for lancet, each | | NO | | NO | | | \$17.26 | Coverage will be through pharmacy 10/5/10 and after |
| A4259 | Lancets per box of 100 1 unit=100 lancets | Y/12 month if PA required | YES> 2 unit | per calendar month | NO | | | \$10.85 | Coverage will be through pharmacy 10/5/10 and after |
| A4261 | Cervical Cap Contraceptive | | NO | | NO | | | \$1.39 | |
| A4265 | Paraffin | | NO | | NO | | | \$3.24 | |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each | | NO | | NO | | | \$4.76 | |
| A4305 | IV delivery system disposable 50 ml or greater per hour | Y/12 months | YES | | NO | | | M | |
| A4306 | IV delivery system disposable 5 ml or less per hour | Y/12 months | YES | | NO | | | M | |
| A4310 | Insert tray w/o bag/cath | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$6.48 | |
| A4311 | Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex | Y/12 month if PA required | YES> 1 | per calendar month | NO | | | \$14.16 | |
| A4312 | Cath w/o bag 2-way silicone | | NO | | NO | | | \$16.88 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4313 | With indwelling catheter, foley type, 3-way for continuous irrigation | | NO | | NO | | | \$17.67 | |
| A4314 | Cath w/drainage 2-way latex | | NO | | NO | | | \$24.12 | |
| A4315 | Cath w/drainage 2-way silicone | | NO | | NO | | | \$25.17 | |
| A4316 | Cath w/drainage 3-way | | NO | | NO | | | \$27.09 | |
| A4320 | Irrigation tray | Y/12 month if PA required | YES > 9 | per calendar month | NO | | | \$5.08 | |
| A4322 | Irrigation syringe, bulb or piston, each | Y/12 month if PA required | YES >9 | per calendar month | NO | | | \$2.85 | |
| A4326 | Male external catheter w/integral collection chamber, any type each, made of rubber or plastice, designed to be washed & reused. | Y/12 month if PA required | YES>2 | per calendar month | NO | | | \$10.29 | |
| A4327 | Fem urinary collect dev cup | | NO | | NO | | | \$42.56 | |
| A4328 | Fem urinary collect pouch | | NO | | NO | | | \$9.87 | |
| A4330 | Stool collection pouch | | NO | | NO | | | \$6.82 | |
| A4331 | External drainage tubing for urinary leg bag or urostomy, each | | NO | | NO | | | \$3.04 | |
| A4332 | Lubricant, individual sterile, for insertion of urinary catheter, each | | NO | | NO | | | \$0.12 | |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each | | NO | | NO | | | \$2.10 | |
| A4334 | Urinary catheter anchoring device, leg strap, each | | NO | | NO | | | \$4.71 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------|--------|-----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4338 | Indwelling catheter foley type, two-way latex with coating, each | Y/12 month if PA required | YES >31 | per calendar month | NO | | | \$11.70 | 07/02/2007 limit change |
| A4340 | Indwelling catheter, specialty type; coude, mushroom, wing, etc, each | | NO | | NO | | | \$26.07 | |
| A4344 | Catheter indwelling, foley type, 2 way, all silicone, each | Y/12 month if PA required | YES>31 | per calendar month | NO | | | \$15.28 | 07/02/2007 limit change |
| A4346 | Catheter indwelling, foley type, 3 way, for continuous irrigation, each | | NO | | NO | | | \$18.69 | |
| A4349 | Male ext. catheter w or w/o adhesive, disposable, each | | NO | | NO | | | \$2.02 | |
| A4351 | Intermittent urinary straight tip urine catheter, with or without coating | | NO | | NO | | | \$1.47 | |
| A4352 | Intermittent urinary catheter, Coude tip, with or without coating | | NO | | NO | | | \$5.20 | |
| A4353 | Intermittent urinary cath sterile catheterization kit | Y/12 months if PA required | YES>124 | per calendar month | NO | | | \$6.67 | 04/02/2007 limit change |
| A4354 | Insertion tray with drainage bag but without catheter | | NO | | NO | | | \$11.25 | |
| A4355 | Bladder irrigation tubing set through a three-way indwelling foley catheter, each | | NO | | NO | | | \$8.50 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4356 | Ext ureth clmp or compr dvc | Y/12 month if PA required | YES > 4 | 4 per year | NO | | | \$43.52 | |
| A4357 | Bedside drainage bag | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$7.86 | |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each | | NO | | NO | | | \$5.39 | |
| A4359 | Urinary suspensory w/o leg bag | | | | | | | CMS DC 1/07 | 39084 |
| A4361 | Ostomy face plate | Y/12 month if PA required | YES> 6 | 6 per year | NO | | | \$18.37 | rate change 8/1/2007 |
| A4362 | Solid skin barrier | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$3.17 | rate change 8/1/2007 |
| A4363 | Ostomy clamp, any type , each | | NO | | NO | | | \$2.01 | rate change 8/1/2007 |
| A4364 | Adhesive, liquid or equal, any type, per ounce | | NO | | NO | | | \$2.93 | rate change 8/1/2007 |
| A4366 | Ostomy vent, any type, each | Y/12 months if PA required | YES>1 | per calendar month | NO | | | \$1.30 | rate change 8/1/2007 |
| A4367 | Ostomy belt | Y/12 months if PA required | YES> 1 | per calendar month | NO | | | \$7.35 | rate change 8/1/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4368 | Ostomy filter | | NO | | NO | | | \$0.26 | rate change 8/1/2007 |
| A4369 | Skin barrier liquid per oz | | NO | | NO | | | \$2.42 | rate change 8/1/2007 |
| A4371 | Skin barrier powder per oz | | NO | | NO | | | \$3.65 | rate change 8/1/2007 |
| A4372 | Ostomy Skin barrier solid 4x4 equiv | | NO | | NO | | | \$4.18 | rate change 8/1/2007 |
| A4373 | Skin barrier with flange | | NO | | NO | | | \$6.28 | rate change 8/1/2007 |
| A4375 | Drainable plastic pch w fcpl | | NO | | NO | | | \$17.18 | rate change 8/1/2007 |
| A4376 | Drainable rubber pch w fcplt | | NO | | NO | | | \$47.58 | rate change 8/1/2007 |
| A4377 | Drainable plstic pch w/o fp | | NO | | NO | | | \$4.29 | rate change 8/1/2007 |
| A4378 | Drainable rubber pch w/o fp | | NO | | NO | | | \$30.75 | rate change 8/1/2007 |
| A4379 | Urinary plastic pouch w fcpl | | NO | | NO | | | \$15.02 | rate change 8/1/2007 |
| A4380 | Urinary plastic pouch w/o fp | | NO | | NO | | | \$37.33 | rate change 8/1/2007 |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each | | NO | | NO | | | \$4.61 | rate change 8/1/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| A4382 | Urinary hvy plstc pch w/o fp | | NO | | NO | | | \$24.62 | rate change 8/1/2007 |
| A4383 | Urinary rubber pouch w/o fp | | NO | | NO | | | \$28.19 | rate change 8/1/2007 |
| A4384 | Ostomy faceplt/silicone ring | | NO | | NO | | | \$9.62 | rate change 8/1/2007 |
| A4385 | Ost skn barrier sld ext wear | | NO | | NO | | | \$5.10 | rate change 8/1/2007 |
| A4387 | Ost clsd pouch w att st barr | | NO | | NO | | | \$3.83 | rate change 8/1/2007 |
| A4388 | Drainable pch w ex wear barr | | NO | | NO | | | \$4.36 | rate change 8/1/2007 |
| A4389 | Drainable pch w st wear barr | | NO | | NO | | | \$6.22 | rate change 8/1/2007 |
| A4390 | Drainable pch ex wear convex | | NO | | NO | | | \$9.61 | rate change 8/1/2007 |
| A4391 | Urinary pouch w ex wear barr | | NO | | NO | | | \$7.07 | rate change 8/1/2007 |
| A4392 | Urinary pouch w st wear barr | | NO | | NO | | | \$8.18 | rate change 8/1/2007 |
| A4393 | Urine pch w ex wear bar conv | | NO | | NO | | | \$9.04 | rate change 8/1/2007 |
| A4394 | Ostomy pouch liq deodorant w/wo lubricant | | NO | | NO | | | \$2.58 | rate change 8/1/2007 |
| A4395 | Ostomy pouch solid deodorant | | NO | | NO | | | \$0.05 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4396 | Ostomy belt with peristomal hernia support | | NO | | NO | | | \$40.48 | rate change 8/1/2007 |
| A4397 | Irrigation supply sleeve | Y/12 month if PA required | YES > 4 | per calendar month | NO | | | \$4.07 | rate change 8/1/2007 |
| A4398 | Ostomy irrigation bag | Y/12 month if PA required | YES > 4 | 4 per year | NO | | | \$12.56 | rate change 8/1/2007 |
| A4399 | Ostomy irrig cone/cath w brs | Y/12 month if PA required | YES > 4 | 4 per year | NO | | | \$10.93 | rate change 8/1/2007 |
| A4400 | Ostomy irrigation set | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$46.76 | rate change 8/1/2007 |
| A4402 | Lubricant price is per oz. 1 oz.=1 unit | Y/12 months if PA required | YES>4 oz | per calendar month | NO | | | \$1.36 | rate change 8/1/2007 limit of 4 oz. per calendar month corrected 2/6/08 |
| A4404 | Ostomy ring each | Y/12 month if PA required | YES > 10 | per calendar month | NO | | | \$1.49 | rate change 8/1/2007 |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per oz | | NO | | NO | | | \$3.40 | rate change 8/1/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4406 | Ostomy skin barrier, pectin based, per oz | | NO | | NO | | | \$5.74 | rate change 8/1/2007 |
| A4407 | Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or < | | NO | | NO | | | \$8.76 | rate change 8/1/2007 |
| A4408 | Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or > | | NO | | NO | | | \$9.87 | rate change 8/1/2007 |
| A4409 | Ostomy skin barrier with flange | | NO | | NO | | | \$6.22 | rate change 8/1/2007 |
| A4410 | Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea | | NO | | NO | | | \$9.04 | rate change 8/1/2007 |
| A4411 | Ostomy skin barrier, solid 4x4 or eq. ext. wear, built in convexity, each | | NO | | NO | | | \$5.10 | rate change 8/1/2007 |
| A4412 | Ostomy pouch, drainable, high otpt, use on barrier w/ o filter each | | NO | | NO | | | \$2.70 | rate change 8/1/2007 |
| A4413 | Ostomy pouch, drainable, high otpt, use on barrier w/ fl with filter ea | | NO | | NO | | | \$5.50 | |
| A4414 | Ostomy skin barrier, with fl, w/o built in convexity 4x4 or < | | NO | | NO | | | \$4.93 | |
| A4415 | Ostomy skin barrier, with fl, w/o built in convexity 4x4 or > | | NO | | NO | | | \$6.00 | |
| A4416 | Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$2.75 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------|--------|-----------------------------------|--------------|-------------------|----------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4417 | Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$3.72 | |
| A4418 | Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$1.81 | |
| A4419 | Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$1.74 | |
| A4420 | Ostomy pouch, closed, use on barrier with lock flange 2 pc, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$1.86 | |
| A4421 | Ostomy supply, miscellaneous | Y/12 months if PA required | YES | | NO | | | M | |
| A4423 | Ostomy pouch closed, 2 pc. Locking flange, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$1.86 | rate change 8/1/2007 |
| A4424 | Ostomy pouch, drainable,w/barrier 1 pc, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$4.75 | rate change 8/1/2007 |
| A4425 | Ostomy pouch drainable, non-locking flange 2 pc each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$3.58 | rate change 8/1/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|--------------------|---------------|---|---------------------|---------------------------|----------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4426 | Ostomy pouch, drainable, with locking flange, 2 pc. Each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$2.73 | rate change 8/1/2007 |
| A4427 | Ostomy pouch, drainable , use on barrier w/locking flange, w/filter 2 pc, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$2.78 | rate change 8/1/2007 |
| A4428 | Ostomy pouch, urinary, extended wear faucet type tap, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$6.51 | rate change 8/1/2007 |
| A4429 | Ostomy pouch, urinary w/convexity, faucet type tap, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$8.25 | rate change 8/1/2007 |
| A4430 | ostomy pouch urinary, ext. wear, convexity, faucet tap, each | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$8.52 | rate change 8/1/2007 |
| A4431 | ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea. | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$6.22 | rate change 8/1/2007 |
| A4432 | ostomy pouch, urinary, non-locking flange, faucet type, ea. | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$3.59 | rate change 8/1/2007 |
| A4433 | ostomy pouch, urinary, w/locking flange, ea. | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$3.34 | rate change 8/1/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------|--------|-----------------------------------|--------------|-------------------|-------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4434 | ostomy pouch, urinary, w/locking flange, w/faucet type tap ea. | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$3.76 | rate change 8/1/2007 |
| A4435 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH | Y/12 months if PA required | YES>60 | per calendar month | NO | | | \$5.01 | CMS ADDED 1/1/13 |
| A4450 | Tape, non-water proof, 18 sq inches | | NO | | NO | | | \$0.09 | |
| A4452 | Tape, water proof , 18 sq inches | | NO | | NO | | | \$0.36 | |
| A4455 | Adhesive remover per ounce | Y/12 months if PA required | YES>32 | | NO | | | \$1.16 | |
| A4456 | Adhesive remover, wipes, any type, each | | NO | | NO | | | \$0.26 | CMS added 1/1/10 |
| A4465 | Non elastic binder for extremity | Y/12 months | YES | | NO | | | M | 39402 |
| A4466 | Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each | Y/12 months | YES | | NO | | | M | CMS added 1/1/10 |
| A4481 | Tracheostoma filter | | NO | | NO | | | \$0.37 | |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation, each | Y/12 months | YES | | NO | | | M | added to fee schedule 4/14/08 |
| A4520 | Incontinent garment any type, each NO COVERAGE THROUGH DME | | | | | | | | |
| A4556 | Electrodes, apnea monitor, per pair | | NO | | NO | | | \$9.94 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|----------------------|--------|-----------------------------------|--------------|-------------------|------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4557 | Lead wires, apnea monitor per pair | | NO | | NO | | | \$20.19 | |
| A4558 | Conductive paste or gel for use with electrical device E.G. tens | | NO | | NO | | | \$5.22 | |
| A4561 | Pessary, rubber, any type | | NO | | NO | | | \$16.82 | |
| A4562 | Pessary, nonrubber, any type | | NO | | NO | | | \$45.57 | |
| A4565 | Slings | | NO | | NO | | | \$4.35 | |
| A4595 | TENS suppl 2 lead per month | | NO | | NO | | | \$27.56 | |
| A4600 | sleeve for intmt. Limb compression device, replac. only | Y/12 months | YES | | NO | | | M | 39084 |
| A4601 | Lithium ion battery for non-prosthetic use, repl. Only | Y/12 months | YES | | NO | | | M | 39084 |
| A4604 | tubing with integrated heat use with pos. airway pressure device | | NO | | NO | | | \$60.13 | 01/02/2007 rate set |
| A4605 | Tracheal suction catheter, closed system, each | | NO | | NO | | | \$14.76 | 01/02/2007 rate change |
| A4606 | Oximeter probe replacement | | NO | 4 per calendar month | NO | | | \$15.99 | EFFECTIVE 7/1/14 |
| A4608 | Transtracheal oxygen catheter, each | | NO | | NO | | | \$52.63 | rate change per CMS |
| A4611 | Heavy duty battery, Ventilator, replacement for patient owned | | NO | | NO | | | \$174.26 | |
| A4612 | Battery cables | | NO | | NO | | | \$65.00 | |
| A4613 | Battery charger | | NO | | NO | | | \$137.96 | |
| A4614 | Hand-held PEFR meter | | NO | | NO | | | \$22.75 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--------------------------------------|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4618 | Breathing circuits | | NO | | NO | | | \$8.51 | |
| A4619 | Face tent | | NO | | NO | | | \$1.27 | rate change per CMS |
| A4623 | Tracheostomy inner cannula | Y/12 month if PA required | YES>31 | per calendar month | NO | | | \$5.31 | |
| A4624 | Tracheal suction tube | Y/12 month if PA required | YES> 91 | per calendar month | NO | | | \$2.14 | |
| A4625 | Trach care kit for new trach | Y/12 month if PA required | YES> 1 | per calendar month | NO | | | \$6.61 | |
| A4626 | Tracheostomy cleaning brush | Y/12 month if PA required | YES > 2 | per calendar month | NO | | | \$2.59 | |
| A4627 | Spacer, bag or reservoir for inhaler | | NO | | NO | | | \$38.00 | |
| A4628 | Oropharyngeal suction cath | | NO | | NO | | | \$3.58 | |
| A4629 | Tracheostomy care kit | | NO | | NO | | | \$4.42 | |
| A4630 | Repl bat t.e.n.s. own by pt | | NO | | NO | | | \$5.98 | |
| A4635 | Underarm crutch pad | | NO | | NO | | | \$4.89 | |
| A4636 | Handgrip for cane etc | | NO | | NO | | | \$3.81 | rate change from \$4.02 eff. 3/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--------------------------------|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A4637 | Repl tip cane/crutch/walker | | NO | | NO | | | \$1.93 | rate change from \$2.04 eff 3/1/10 |
| A4640 | Alternating pressure pad | | NO | | NO | | | \$60.58 | |
| A4649 | Surgical Supply, Miscellaneous | Y/12 months | YES | | NO | | | M | |
| A5051 | Pouch clsd w barr attached | Y/12 month if PA required | YES>60 | per calendar month | NO | | | \$1.86 | rate set 08/01/2007 |
| A5052 | Clsd ostomy pouch w/o barr | Y/12 month if PA required | YES > 60 | per calendar month | NO | | | \$1.35 | |
| A5053 | Clsd ostomy pouch faceplate | Y/12 month if PA required | YES> 60 | per calendar month | NO | | | \$1.41 | |
| A5054 | Clsd ostomy pouch w/flange | Y/12 month if PA required | YES> 60 | per calendar month | NO | | | \$1.42 | |
| A5055 | Stoma cap | Y/12 month if PA required | YES > 31 | per calendar month | NO | | | \$1.37 | |
| A5061 | Pouch drainable w barrier at | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$3.70 | 1/16/09 rate change from \$2.58 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|-------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A5062 | Drnble ostomy pouch w/o barr | Y/12 month if PA required | YES >20 | per calendar month | NO | | | \$2.12 | |
| A5063 | Drain ostomy pouch w/flange | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$2.29 | rate change 02/14/2007 |
| A5071 | urinary pouch w/barrier | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$4.15 | |
| A5072 | urinary pouch w/o barrier | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$3.36 | |
| A5073 | urinary pouch on barr w/flng | Y/12 month if PA required | YES >20 | per calendar month | NO | | | \$3.04 | |
| A5081 | Continent stoma plug | Y/12 month if PA required | YES>31 | per calendar month | NO | | | \$2.97 | |
| A5082 | Continent stoma catheter | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$9.64 | |
| A5083 | Continent device, stoma absorptive cover for continent device, each | | NO | | NO | | | \$0.50 | eff. DOS 8-1-08 and after. |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------------------------|--------|-----------------------------------|--------------|-------------------|------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A5093 | Ostomy accessory convex inse | Y/12 month if PA required | YES > 10 | per calendar month | NO | | | \$1.86 | |
| A5102 | Bedside drain btl w/wo tube | Y/12 month if PA required | YES > 4 | 4 per year | NO | | | \$21.53 | |
| A5105 | urinary suspensory with leg bag w/wo tube each | | NO | | NO | | | \$33.88 | CMS description chg. 1/08 |
| A5112 | urinary leg bag | | NO | | NO | | | \$33.02 | |
| A5113 | Latex leg strap | | NO | | NO | | | \$3.81 | |
| A5114 | Foam/fabric leg strap | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$7.24 | |
| A5120 | Skin barrier wipes or swabs , each | | NO | | NO | | | \$0.20 | rate change 01/02/2007 |
| A5121 | Solid skin barrier 6x6 | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$7.12 | |
| A5122 | Solid skin barrier 8x8 | Y/12 month if PA required | YES > 20 | per calendar month | NO | | | \$12.26 | |
| A5126 | Disk/foam pad +or- adhesive | Y/12 month if PA required | YES > 10 | per calendar month | NO | | | \$1.07 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|---------------------------|---------------|---|---------------------|---------------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A5131 | Appliance cleaner | Y/12 month if PA required | YES > 1 | per calendar month | NO | | | \$15.11 | |
| A5200 | Percutaneous catheter anchor | | NO | | NO | | | \$10.78 | |
| A5500 | Diabetic shoe for density insert, per shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$55.72 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5501 | Diabetic custom molded shoe, per shoe | Y/12 month | YES | | NO | | | \$167.13 | rate change 08/01/2007 |
| A5503 | Diabetic shoe w/roller/rocker, per shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$24.79 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5504 | Diabetic shoe with wedge, per shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$24.79 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5505 | Diabetic shoe w/metatarsal bar, per shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$24.79 | rate change 08/01/2007; PA removed eff 8-1- 10; |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|---------------------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A5506 | Diabetic shoe w/offset heel, per shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$24.79 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5507 | Modification to diabetic shoe | Y/12 months | Yes>2 per calendar year | 2 per calendar year | NO | | | \$24.79 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5508 | For diabetics only, deluxe feature of off the shelf depth-inlay or custom-molded shoe, per shoe | Y/12 months | YES | 2 per calendar year | NO | | | \$32.00 | PA removed eff. 8-1-10 |
| A5510 | For diabetics only, direct formed, compression molded, without heat, mul density insert prefab, per shoe | Y/12 months | YES | 2 per calendar year | NO | | | \$32.00 | PA removed eff. 8-1-10 |
| A5512 | Diabetic only insert mult. Density direct formed, each | Y/12 months | Yes>6 per calendar year | 6 per year | NO | | | \$22.73 | rate change 08/01/2007; PA removed eff 8-1- 10; |
| A5513 | Diabetic only insert mult. Density custom formed, each | Y/12 months | YES | 6 per year | NO | | | \$32.00 | |
| A6010 | Collagen based wound filler, dry form, per gram of collagen | | NO | | NO | | | \$24.77 | |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen | | NO | | NO | | | \$1.82 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6021 | Collagen drsg, size 16 sq inches or less, each | | NO | | NO | | | \$21.02 | |
| A6022 | Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches | | NO | | NO | | | \$20.05 | |
| A6023 | Collagen drsg, more than 48 square inches, each | Y/12 months | YES | | NO | | | \$181.51 | |
| A6024 | Collagen drsg wound filler, per 6 inches | | NO | | NO | | | \$5.90 | |
| A6154 | Wound pouch each | | NO | | NO | | | \$13.71 | |
| A6196 | alginate dressing <=16 sq in, each | | NO | | NO | | | \$7.01 | |
| A6197 | alginate drsg >16 <=48 sq in, each | | NO | | NO | | | \$15.68 | |
| A6203 | Composite drsg <= 16 sq in, each | | NO | | NO | | | \$3.19 | |
| A6204 | Composite drsg >16<=48 sq in, each | | NO | | NO | | | \$5.94 | |
| A6207 | Contact layer >16<= 48 sq in, each | | NO | | NO | | | \$7.00 | |
| A6209 | Foam drsg <=16 sq in w/o bdr, each | | NO | | NO | | | \$7.14 | |
| A6210 | Foam drg >16<=48 sq in w/o b, each | | NO | | NO | | | \$19.00 | |
| A6211 | Foam drg > 48 sq in w/o brdr, each | | NO | | NO | | | \$28.01 | |
| A6212 | Foam drg <=16 sq in w/border, each | | NO | | NO | | | \$9.25 | |
| A6214 | Foam drg > 48 sq in w/border, each | | NO | | NO | | | \$9.82 | |
| A6216 | Non-sterile gauze<=16 sq in, each | | NO | | NO | | | \$0.05 | 07/02/2007 limit removed |
| A6217 | Non-sterile gauze>16 sq in <= 48", w/o adhesive border, each | | YES | | NO | | | M | added to fee schedule March 09 |
| A6219 | Gauze <= 16 sq in w/border, each | | NO | | NO | | | \$0.91 | |
| A6220 | Gauze >16 <=48 sq in w/border, each | | NO | | NO | | | \$2.46 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6222 | Gauze <=16 in no w/sal w/o b, each | | NO | | NO | | | \$2.03 | |
| A6223 | Gauze >16<=48 no w/sal w/o b, each | | NO | | NO | | | \$2.30 | |
| A6224 | Gauze > 48 in no w/sal w/o b, each | | NO | | NO | | | \$3.44 | |
| A6229 | Gauze >16<=48 sq in watr/sal, each | | NO | | NO | | | \$3.44 | |
| A6231 | Gauze, hydrogel, 16 sq in or less, each | | NO | | NO | | | \$4.46 | |
| A6232 | Gauze, hydrogel, more than 16 but less than 48 sq in, each | | NO | | NO | | | \$6.57 | |
| A6233 | Gauze, hydrogel, more than 48 sq inches, each | | NO | | NO | | | \$18.30 | |
| A6234 | Hydrocolld drg <=16 w/o bdr, each | | NO | | NO | | | \$6.24 | |
| A6235 | Hydrocolld drg >16<=48 w/o b, each | | NO | | NO | | | \$16.05 | |
| A6236 | Hydrocolld drg > 48 in w/o b, each | | NO | | NO | | | \$25.99 | |
| A6237 | Hydrocolld drg <=16 in w/bdr, each | | NO | | NO | | | \$7.54 | |
| A6238 | Hydrocolld drg >16<=48 w/bdr, each | | NO | | NO | | | \$21.74 | |
| A6240 | Hydrocolld drg filler paste, each | | NO | | NO | | | \$11.68 | |
| A6241 | Hydrocolloid drg filler dry, each | | NO | | NO | | | \$2.45 | |
| A6242 | Hydrogel drg <=16 in w/o bdr, each | | NO | | NO | | | \$5.79 | |
| A6243 | Hydrogel drg >16<=48 w/o bdr, each | | NO | | NO | | | \$11.75 | |
| A6244 | Hydrogel drg >48 in w/o bdr, each | | NO | | NO | | | \$37.46 | |
| A6245 | Hydrogel drg <= 16 in w/bdr, each | | NO | | NO | | | \$6.93 | |
| A6246 | Hydrogel drg >16<=48 in w/b, each | | NO | | NO | | | \$9.46 | |
| A6247 | Hydrogel drg > 48 sq in w/b, each | | NO | | NO | | | \$22.68 | |
| A6248 | Hydrogel drsg gel filler per fl. oz | | NO | | NO | | | \$15.49 | |
| A6251 | Absorpt drg <=16 sq in w/o b, each | | NO | | NO | | | \$1.90 | |
| A6252 | Absorpt drg >16 <=48 w/o bdr, each | | NO | | NO | | | \$3.10 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6253 | Absorpt drg > 48 sq in w/o b, each | | NO | | NO | | | \$6.05 | |
| A6254 | Absorpt drg <=16 sq in w/bdr, each | | NO | | NO | | | \$1.16 | |
| A6255 | Absorpt drg >16<=48 in w/bdr, each | | NO | | NO | | | \$2.89 | |
| A6257 | Transparent film <= 16 sq in, each | | NO | | NO | | | \$1.46 | |
| A6258 | Transparent film >16<=48 in, each | | NO | | NO | | | \$4.10 | |
| A6259 | Transparent film > 48 sq in, each | | NO | | NO | | | \$10.43 | |
| A6266 | Impreg gauze no h20/sal/yard, | | NO | | NO | | | \$1.83 | |
| A6402 | Sterile gauze <= 16 sq in, each | | NO | | NO | | | \$0.12 | |
| A6403 | Sterile gauze>16 <= 48 sq in, each | | NO | | NO | | | \$0.41 | |
| A6407 | Packing strips, non-impregn, up to 2 inches in width, per lin yd | | NO | | NO | | | \$1.50 | |
| A6410 | Eye pad, sterile, each | | NO | | NO | | | \$0.41 | added 5/1/10 |
| A6441 | Padding bandg. Non-elast. >=3" and < 5", per yard | | NO | | NO | | | \$0.54 | |
| A6442 | Conforming bandg. Non-sterile, width <3", per yard | | NO | | NO | | | \$0.14 | |
| A6443 | Conforming bandg. Non-sterile, width >=3' and < 5", per yard | | NO | | NO | | | \$0.23 | |
| A6444 | Conforming bandg. Non-sterile, width >=5", per yard | | NO | | NO | | | \$0.45 | |
| A6445 | Conforming bandg. Sterile, width <3", per yard | | NO | | NO | | | \$0.26 | |
| A6446 | Conforming bandg. Sterile, width >=3" and < 5", per yard | | NO | | NO | | | \$0.33 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6447 | Conforming bandg. Sterile, width ≥ 5 ",per yard | | NO | | NO | | | \$0.54 | |
| A6448 | Lt. Compression bandg. Width , 3", per yard | | NO | | NO | | | \$0.93 | |
| A6449 | Lt. Compression bandg. Width ≥ 3 ", < 5" per yard | | NO | | NO | | | \$1.40 | |
| A6452 | High compression bandg., width ≥ 3 " and < 5", per yard | | NO | | NO | | | \$4.73 | |
| A6453 | Self-adherent bandg. Width <3", per yard | | NO | | NO | | | \$0.49 | |
| A6454 | Self-adherent bandg. Width ≥ 3 " and < 5", per yard | | NO | | NO | | | \$0.62 | |
| A6455 | Self-adherent bandg. Width ≥ 5 ", per yard | | NO | | NO | | | \$1.11 | |
| A6456 | Zinc paste impregnated width ≥ 3 " and < 5", per yard | | NO | | NO | | | \$1.02 | |
| A6457 | Tubular drsg. W or w/o elastic any width, per linear yd. | | NO | | NO | | | \$0.91 | |
| A6503 | Compression burn garment, facial hood, custom | Y/6 months | YES | | NO | | | M | added for DOS 4/1/09 and after |
| A6504 | Compression burn garment, glove to wrist, custom fabricated | Y/6months | YES | | NO | | | M | |
| A6505 | Compression burn garment glove to elbow sleeve custom | Y/6 months | YES | | NO | | | M | code added 07/02/2007 |
| A6506 | Compression burn garment glove to axilla, custom fab., each | Y/6 months | YES | | NO | | | M | code added 4-1-08 |
| A6507 | Compression burn garment, foot to thigh length-custom fab., each | Y/6 months | YES | | NO | | | M | code effective as of 8/1/07 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6509 | Compression burn vest, custom fabricated, each | Y/6 months | YES | | NO | | | M | code added 04/02/2007 |
| A6510 | Compression burn garment, trunk incl. arms down to leg openings (leotard) custom fabricated, each | Y/6 months | YES | | NO | | | M | code added to fee schedule 8/21/09 |
| A6511 | Compression burn garment, lower trunk including leg openings, custom, each | Y/6 months | YES | | NO | | | M | code added 07/02/2007 |
| A6512 | Compression burn garment NOC | Y/6 months | YES | | NO | | | M | code added 07/02/2007 |
| A6513 | Compression burn mask, face and/or neck, plastic or equal, custom | Y/6 months | YES | | NO | | | M | code added 04/02/2007 |
| A6530 | Gradient compression stocking below knee, 18- 30mm Hg, each | Y/12 months | YES | | NO | | | M | code added 8/30/07, clarification 9/08 |
| A6531 | Gradient compression stocking below knee, 30- 40mmg Hg, each | Y/12 months | YES | | NO | | | \$38.94 | code added 8/30/07 clarification 9/08 |
| A6532 | Gradient compression stocking below knee, 40- 50mmg Hg, each | Y/12 months | YES | | NO | | | M | code added 1/9/09 for effective date of 6/1/08 |
| A6534 | Gradient compression stocking, thigh length, 30- 44 mm Hg, each | Y/12 months | YES | | NO | | | M | code added 12/07 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A6549 | Gradient compression stocking/sleeve, NOC | Y/12 months | YES | | NO | | | M | code eff. 1/1/2010; added 4/30/10 |
| A6550 | Drsg. Set for neg. pressure wound therapy | | NO | | NO | | | \$21.94 | |
| A7000 | Disposable canister for pump | | NO | | NO | | | \$8.63 | rate change from \$9.13 effective 3/1/10 |
| A7001 | Nondisposable pump canister | | NO | | NO | | | \$27.96 | |
| A7002 | Tubing used w suction pump | | NO | | NO | | | \$3.11 | |
| A7003 | Nebulizer administration set | | NO | | NO | | | \$2.60 | |
| A7004 | Disposable nebulizer sml vol | | NO | | NO | | | \$1.47 | |
| A7005 | Nondisposable nebulizer set | | NO | | NO | | | \$25.07 | |
| A7006 | Filtered nebulizer admin set | | NO | | NO | | | \$9.13 | |
| A7007 | Lg vol nebulizer disposable | | NO | | NO | | | \$4.16 | |
| A7008 | Disposable nebulizer prefill | | NO | | NO | | | \$8.94 | |
| A7009 | Nebulizer reservoir bottle | | NO | | NO | | | \$39.23 | |
| A7010 | Disposable corrugated tubing | | NO | | NO | | | \$19.18 | |
| A7012 | Nebulizer water collec devic | | NO | | NO | | | \$3.62 | |
| A7013 | Disposable compressor filter | | NO | | NO | | | \$0.67 | |
| A7014 | Compressor nondispos filter | | NO | | NO | | | \$4.29 | |
| A7015 | Aerosol mask used w nebulize | | NO | | NO | | | \$1.80 | |
| A7016 | Nebulizer dome & mouthpiece | | NO | | NO | | | \$6.53 | |
| A7017 | Nebulizer not used w oxygen | | NO | | NO | | | \$128.23 | |
| A7018 | Water, distilled, nebulizer, 1000 ml | | NO | | NO | | | \$0.31 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A7020 | Interface Cough Stimulating Device | | NO | | NO | | | \$16.07 | Effective 1/1/2015 |
| A7027 | Comb. Oral/nasal mask, used with CPAP, each | Y/12 months | YES | | NO | | | \$167.87 | CMS code addition 1/08 |
| A7028 | Oral cushion for A7027, replacement only, each | Y/12 months | YES | | NO | | | \$44.59 | CMS code addition 1/08 |
| A7029 | nasal pillows for A7027, replacement only, each | Y/12 months | YES | | NO | | | \$18.22 | CMS code addition 1/08 |
| A7030 | Full face mask used with positive airway pressure device, each | y/6 months if PA required | YES>1 | 1 per year | NO | | | \$170.72 | new rate eff.DOS 4/1/09; former rate \$188.64 |
| A7031 | Face mask interface, replacement for full face mask, each | y/6 months if PA required | YES>1 | 1 per month | NO | | | \$62.79 | |
| A7032 | Replacement cushion for nasal application device, each | y/6 months if PA required | YES >2 | 2 /cal. month | NO | | | \$32.42 | \$23.33 former rate change eff. 1/15/08 |
| A7033 | Replacement pillows for nasal application device, each | y/6 months if PA required | YES >12 | 12 per year | NO | | | \$23.33 | |
| A7034 | nasal Interface(mask or cannula type) used with pos airway pressure device with or without head strap | y/6 months if PA required | YES >4 | 4 per year | NO | | | \$94.11 | \$76.89 former rate change eff. 1/15/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|---------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A7035 | Headgear used with positive airway pressure device | y/6 months if PA required | YES >2 | 2 per year | NO | | | \$32.97 | rate change from \$34.84 effective 3/1/10. |
| A7036 | Chinstrap used with positive airway pressure device | y/6 months if PA required | YES >2 | 2 per year | NO | | | \$14.10 | rate change from \$14.90 effective 3/1/10 |
| A7037 | Tubing used with positive airway pressure device | y/6 months if PA required | YES >1 | 1 /cal. month | NO | | | \$36.43 | rate change from \$38.51 effective 3/1/10 |
| A7038 | Filter, disposable, used with positive airway pressure device | y/6 months if PA required | YES>2 | 2 /cal. month | NO | | | \$4.88 | rate change from \$5.16 effective 3/1/10 |
| A7039 | Filter, non disposable used with positive airway pressure device | y/6 months if PA required | YES >2 | 2 per year | NO | | | \$11.79 | rate change from \$12.46 eff. 3/1/10 |
| A7040 | One way chest drain valve | | NO | | NO | | | \$34.18 | |
| A7044 | oral interface used with positive pressure airway device, ea. | | NO | | NO | | | \$96.73 | rate effective 1/15/08 PA req. removed eff. 1/15/08. |
| A7045 | Exhalation port, w or w/o swivel used For positive airway | | NO | | NO | | | \$17.52 | |
| A7046 | Water chamber for humidifier, used with pos. airway pressure device, replac. Each | Y/6 months if PA required | YES>2 | 2/cal. month | NO | | | \$15.61 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|-------------|--------|-----------------------------------|--------------|-------------------|-------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter use | | NO | 1 per month | NO | | | \$47.22 | 1/1/2016 |
| A7501 | Tracheostoma valve, including diaphragm, each | | NO | | NO | | | \$100.18 | |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each | | NO | | NO | | | \$47.61 | |
| A7503 | Filter holder, cap reusable, tracheostoma, each | | NO | | NO | | | \$10.81 | |
| A7504 | Filter, tracheostoma, heat and moisture exc, each | | NO | | NO | | | \$0.64 | |
| A7505 | Housing, reusable without adhesive, tracheostoma, each | | NO | | NO | | | \$4.46 | |
| A7506 | Adhesive disc, tracheostoma valve, any type, each | | NO | | NO | | | \$0.32 | |
| A7507 | Filter holder and filter without adhesive, tracheostoma, each | | NO | | NO | | | \$2.49 | rate change eff 5-1-08. |
| A7508 | Housing with adhesive, tracheostoma, each | | NO | | NO | | | \$2.74 | |
| A7509 | Filter holder with filter, adhesive, tracheostoma, each | | NO | | NO | | | \$1.34 | |
| A7520 | Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each | | NO | | NO | | | \$47.48 | rate change eff. 5-1-08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|-------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A7521 | Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each | | NO | | NO | | | \$37.64 | |
| A7522 | Trach/laryn. Tube, stainless steel or equal, sterilizable and reuseable, each | y/6 months if PA required | YES>2 | 2 per cal. month | NO | | | \$36.13 | |
| A7524 | Tracheostoma stent/stud/button, each | | NO | | NO | | | \$61.92 | |
| A7525 | Tracheostomy mask, each | y/6 months if PA required | YES>1 | 1per cal. month | NO | | | \$1.66 | |
| A7526 | Tracheostomy tube collar/holder, each | y/6 months if PA required | YES>31 | 31 per cal. month | NO | | | \$2.70 | |
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each | | NO | | NO | | | \$3.22 | rate change 01/02/2007 |
| A8000 | helmet protective, soft prefab includes all components & accessories | Y/12 months | YES | | NO | | | \$161.02 | code added 01/02/2007; pricing set 3/1/10 |
| A8001 | Helmet, protective, hard, prefab, includes all components & accessories | Y/12 months | YES | | NO | | | \$161.02 | code added 01/02/2007; pricing set 3/1/10 |
| A8002 | Helmet, protective, soft, custom fab, includes all components & accessories | Y/12 months | YES | | NO | | | M | code added 01/02/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| A8003 | Helmet, protective hard, custom fabricated, includes all components & accessories | Y/12 months | YES | | NO | | | M | code added 01/02/2007 |
| A8004 | Soft interface for helmet, replacement only | Y/12 months | YES | | NO | | | M | code added 01/02/2007 |
| A9276 | Sensor; invasive, disposable, for use with continuous glucose monitoring system, 1 unit= 1 day supply | Y/12 months | YES | | NO | | | M | code added 6/1/08; unit qty change eff. 12/11/09; this code does not move to pharmacy |
| A9277 | Transmitter; external, for use with continuous glucose monitoring system | Y/12 months | YES | | NO | | | M | code added 6/1/08; this code does not move to pharmacy |
| A9278 | Receiver; monitor, external, for use with continuous glucose monitoring system | Y/12 months | YES | | NO | | | M | code added 6/1/08; this code does not move to pharmacy |
| A9999 | Misc. DME supply or accessory not other wise classified | Y/12 months | YES | | NO | | | M | code added 01/02/2007; |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|---------------------------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B4034 | Enteral Feed Supply Kit Syringe Fed, per day 1 unit = 31 kits | | NO | 1 unit per calendar month | NO | | | \$173.60 | rate change 04/02/2007 descrip. Change 7/1/08 |
| B4035 | Enteral Feed Supply Kit by Pump 1 unit=31 kits | Y/12 month | YES | | NO | | | \$330.77 | rate change 04/02/2007 |
| B4036 | Enteral Feed Supply Kit Gravity Fed 1 unit=31 kits | | NO | 1 unit per calendar month | NO | | | \$226.61 | rate change 04/02/2007 |
| B4081 | Enteral NG tubing w/stylet | | NO | | NO | | | \$19.78 | |
| B4082 | Nasogastric tubing without stylet, each | | NO | | NO | | | \$14.73 | code added 4/08 |
| B4083 | Enteral stomach tube levine | | NO | | NO | | | \$2.39 | \$3.60 former rate change eff. 1/15/08; new rate eff. DOS 4/1/09; former rate \$2.57 |
| B4087 | Gastrostomy/JejunostomyTube, standard, any material, any type, each | Y/12 months | YES | | NO | | | \$30.58 | CMS code addition 1/08 rate set eff.1/3/08 |
| B4088 | Gastrostomy/JejunostomyTube, low-profile, any material, any type, each | Y/12 months | YES | | NO | | | \$30.58 | CMS code addition 1/08 rate set eff.1/3/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|---|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B4100 | Food thickener, administered orally, per oz. | Y/12 months | YES >180 | 180 units (ounces) per calendar month | NO | | | M | Effective 1/1/11 PA REMOVED; Effective 1/1/14, PA required if > 180 units |
| B4102 | Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit | Y/12 months | YES | | NO | | | M | CMN length chg. Eff. 12/1/08 |
| B4103 | Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit | Y/12 months | YES | | NO | | | M | CMN length chg. Eff. 12/1/08 |
| B4104 | Additive for enteral formula e.g. fiber per can | Y/12 months | YES | | NO | | | M | CMN length chg. Eff. 12/1/08. Additive is to be priced per can eff 12/13/10 |
| B4149 | Enteral formula, blenderized Natural foods, thru enteral feeding tube 100 cal.=1 unit | Y/12 months | YES | | NO | | | \$1.52 | CMN length chg. Eff. 12/1/08; rate set 6/1/09 |
| B4150 | enteral formula,nutritionally complete with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 calories=1 unit | Y/12 months | YES | | NO | | | \$0.65 | rate eff. 6/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B4152 | Enteral formula, nutritionally complete, calorically dense,(equal to or > than 1.5 kcal/ml) with intact nutrients incl.proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit | Y/12 months | YES | | NO | | | \$0.54 | rate eff. 6/1/09 |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids & peptide chain), incl. fats, carbohydrates, vitamins & minerals,may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit | Y/12 months | YES | | NO | | | \$1.85 | rate eff. 6/1/09 |
| B4154 | enteral formula, nutritionally complete, for special metabolic needs, excl. inherited disease of metabolism, incl. altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may incl fiber, adm through an enteral feeding tube, 100 cal.= 1 unit | Y/12 months | YES | | NO | | | \$1.18 | rate eff. 6/1/09 |
| B4155 | enteral formula, nutritionally incomplete/modular nutrients, incl. specific nutrients, carbohydrates, (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, adm thorough an enteral feeding tube. 100 cal = 1 unit | Y/12 months | YES | | NO | | | \$0.92 | rate eff. 6/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| B4157 | enteral formula, nutritionally complete, for special metabolic needs, for inherited disease of metabolism, incl. proteins, fats, carbohydrates, vitamins and minerals, may incl fiber, adm through an enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |
| B4158 | Enteral formula, for peds, nutritionally complete with intact nutrients, incl. protein, fats, carbohydrates, vitamins and minerals, may incl. fiber and/or iron, adm through an enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |
| B4159 | Enteral formula, for peds, nutritionally complete soy based with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber and/or iron, adm through enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |
| B4160 | Enteral formula, for peds, nutritionally complete, calorically dense(equal to or > than 0.7 kcal/ml) with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals,may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B4161 | Enteral formula, for peds, hydrolyzed/amino acids and peptide chain proteins, incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |
| B4162 | enteral formula, for peds, special metabolic needs for inherited disease of metabolism, incl proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit | Y/12 months | YES | | NO | | | M | |
| B4185 | parenteral nutrition solution, per 10 gms lipids | Y/12 months | YES | | NO | | | \$9.09 | rate corrected 7/6/09-Manual pricing is not required |
| B4189 | parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 10-51 gms of protein, premix | Y/12 months | YES | | NO | | | \$193.80 | rate eff. 6/1/09 |
| B4193 | parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 52-73 gms of protein, premix | Y/12 months | YES | | NO | | | \$250.44 | rate eff. 6/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B4197 | parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 74-100 gms of protein, premix | Y/12 months | YES | | NO | | | \$304.89 | rate eff. 6/1/09 |
| B4199 | parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, over 100 gms of protein, premix | Y/12 months | YES | | NO | | | \$348.40 | rate eff. 6/1/09 |
| B4220 | Parenteral supply kit 1 unit =31 kits | Y/12 mon. if PA required | YES>1 | 1 unit per month | NO | | | \$220.10 | rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08 |
| B4222 | Parenteral Nutrition Supply Kit Home Mix 1 unit=31 kits | Y/12 mon. if PA required | YES>1 | 1 unit per month | NO | | | \$243.87 | rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08 |
| B4224 | Parenteral administration kit 1 unit = 31 kits | Y/12 month | YES | 1 unit per month | NO | | | \$687.89 | rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| B9002 | Enteral pump with alarm | Y/12 month | YES | | YES | YES | 118.8 | \$1,188.74 | CMN length chg. Eff. 12/1/08; new rate eff. DOS 4/1/09 former rates RR \$135.00 Purchase \$1,350.00 |
| B9004 | Parenteral pump portable | Y/12 month | YES | | YES | YES | 223.8 | \$2,238.01 | CMN length chg. Eff. 12/1/08 |
| B9006 | Parenteral pump stationary | Y/12 month | YES | | YES | YES | 223.8 | \$2,238.01 | CMN length chg. Eff. 12/1/08 |
| B9998 | Enteral supplies, NOS | Y/12 month | YES | | NO | | | M | CMN length chg. Eff. 12/1/08 |
| B9999 | Parenteral supplies, NOS | Y/12 month | YES | | NO | | | M | CMN length chg. Eff. 12/1/08 |
| E0100 | Cane adjust/fixed with tip | | NO | | NO | | | \$17.14 | |
| E0105 | Cane adjust/fixed quad/3 pro | | NO | | NO | | | \$46.00 | |
| E0110 | Crutch forearm pair | | NO | | NO | | | \$71.57 | |
| E0111 | Crutch forearm each | | NO | | NO | | | \$43.31 | |
| E0112 | Crutch underarm pair wood | | NO | | NO | | | \$35.40 | |
| E0113 | Crutch underarm each wood | | NO | | NO | | | \$17.76 | |
| E0114 | Crutch underarm pair no wood | | NO | | NO | | | \$42.24 | |
| E0116 | Crutch underarm each no wood | | NO | | NO | | | \$22.75 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|---------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0117 | Crutch, underarm, articulating, spring assisted, each | Y/6 months | NO | | NO | | | \$154.17 | PA removed eff 12-1-09. |
| E0118 | Crutch substitute, lower leg platform w/wo whells each | YES | YES | | NO | | | M | added 1/1/09 for DOS 1/1/08 and after. |
| E0130 | Walker rigid adjust/fixed ht | | NO | | NO | | | \$54.03 | new rate eff. DOS 4/1/09 former rate \$57.11 |
| E0135 | Walker folding adjust/fixed | | NO | | NO | | | \$64.50 | new rate eff. DOS 4/1/09; former rate \$68.18 |
| E0140 | Walker, w/trunk support, adj. Or fixed ht., any type | | NO | 1 per 4 years | NO | | | \$324.64 | rate set 01/02/2007; PA & RR removed eff. With reg change |
| E0141 | Rigid walker wheeled wo seat | | NO | | NO | | | \$93.23 | new rate eff. DOS 4/1/09; former rate \$98.55 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0143 | Walker folding wheeled w/o s | | NO | | NO | | | \$94.37 | new rate eff. DOS 4/1/0; former rate \$99.77 |
| E0144 | Enclosed walker w rear seat | Y/ 6 months | YES | | Y/ month | YES | 28.82 | \$288.20 | rate change from \$304.66 /RR \$30.47 effective 3/1/10 |
| E0147 | Heavy duty walker, mult. Braking system, variable wheel resistance | Y/12 months | YES | | NO | | | M | added DOS 8/1/10 and after |
| E0148 | Walker heavy duty, without wheels, any type, each | | NO | | NO | | | \$114.98 | new rate eff. DOS 4/1/09; former rate \$121.55 |
| E0149 | Walker heavy duty, wheeled, any type, each | | NO | | NO | | | \$202.00 | new rate eff.DOS 4/1/09; former rate \$213.53 |
| E0153 | Forearm crutch platform atta | | NO | | NO | | | \$66.38 | |
| E0154 | Walker platform attachment, each | | NO | | NO | | | \$63.81 | new rate eff. DOS 4/1/09; former rate \$67.45 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0155 | Walker wheel attachment, per pair | | NO | | NO | | | \$28.56 | new rate eff.DOS 4/1/09; former rate \$30.20 |
| E0156 | Walker seat attachment | | NO | | NO | | | \$23.75 | new rate eff. DOS 4/1/09; former rate \$25.10 |
| E0157 | Walker crutch attachment | | NO | | NO | | | \$63.02 | rate change from \$66.61 effective 3/1/10 |
| E0158 | Walker leg extenders set of 4 | | NO | | NO | | | \$24.75 | rate change from \$26.16 effective 3/1/10 |
| E0159 | Brake for wheeled walker | | NO | | NO | | | \$16.17 | rate change from \$17.10 effective 3/1/10 |
| E0160 | Sitz type bath or equipment | | NO | | NO | | | \$26.88 | |
| E0161 | Sitz bath/equipment w/faucet | | NO | | NO | | | \$21.33 | |
| E0162 | Sitz bath chair | | NO | | NO | | | \$118.48 | |
| E0163 | Commode chair mobile or stationary fxd arms | | NO | | NO | | | \$102.61 | 07/02/2007 purchase only |
| E0165 | Commode chair stationary or mobile detachable arms | | NO | | NO | | | \$177.70 | 07/02/2007 purchase only |
| E0167 | Commode chair pail or pan replacement only | | NO | 1 per year | NO | | | \$9.76 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0168 | Commode chair, extra wide, heavy duty, any type each | | NO | | NO | | | \$144.38 | 07/02/2007 purchase only |
| E0170 | Commode chair w seat lift mech. Electric, any type | Y/6 months | YES | | NO | | | M | 07/02/2007 purchase only |
| E0171 | Commmode chair w seat lift mech. Non-electric | | NO | | NO | | | \$231.36 | 07/02/2007 purchase only. Rate set eff. 1/15/08; PA removed 10/08 |
| E0172 | Seat lift mechanism placed over top of toilet, any type | Y/6 months | YES | | | | | M | 07/02/2007 purchase only |
| E0175 | Commode chair foot rest | | NO | | NO | | | \$63.36 | |
| E0181 | Powered Pressure reducing mattress alternating pump, heavy duty overlay/pad | | NO | | NO | | | \$230.40 | description chg. 01/02/2007; PA & RR removed eff. With reg change |
| E0182 | Pressure pad alternating pump | | NO | | NO | | | \$212.90 | PA and RR removed eff. With reg change |
| E0184 | Dry pressure mattress | | NO | | NO | | | \$158.33 | PA removed and rental ended eff 12-1-09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0185 | Gel pressure mattress pad | | NO | | NO | | | \$260.11 | PA removed and rental ended eff 12-1-09 |
| E0186 | Air pressure mattress | | NO | | NO | | | \$165.10 | PA removed and rental ended eff 12-1-09 |
| E0187 | Water pressure mattress | | NO | | NO | | | \$219.50 | PA removed and rental ended eff 12-1-09 |
| E0188 | Synthetic Sheepskin pad | | NO | | NO | | | \$26.43 | |
| E0189 | Lambswool sheepskin pad | | NO | | NO | | | \$47.96 | |
| E0190 | positioning cush/pillow/wedge any shape or size, incl. all components | | NO | | NO | | | \$26.47 | |
| E0191 | Protector heel or elbow | | NO | | NO | | | \$9.56 | |
| E0193 | Powered air flotation bed | Y/ 6 mon ths | YES | | Y/ month | YES | 817.63 | \$8,167.30 | new rate eff. DOS 4/1/09; former rates purchase \$8,643.40, RR \$864.34 |
| E0194 | Air fluidized bed | Y/ 6 mon ths | YES | | Y/ month | YES | 2646.38 | \$26,463.80 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0196 | Gel pressure mattress | | NO | | NO | | | \$264.20 | PA & RR removed eff. With reg change |
| E0197 | Air pressure pad for mattres | | NO | | NO | | | \$180.18 | 08/01/2007 purchase only |
| E0198 | Water pressure pad for mattr | | NO | | NO | | | \$211.98 | PA & RR removed eff. With reg change |
| E0199 | Dry pressure pad for mattres | | NO | | NO | | | \$30.66 | |
| E0200 | Heat lamp without stand | | NO | 1 per 5 years | NO | | | \$75.85 | PA removed eff. With reg change; no RR |
| E0202 | Phototherapy light w/ photom | Y/ 6 mon ths | YES | | Y/day | YES | 50.92 | NA | |
| E0205 | Heat lamp with stand | | NO | 1 per 5 years | NO | | | \$157.81 | PA removed eff. 8/1/10; no RR |
| E0210 | Electric heat pad standard | Y/12 months if PA required | YES>1 | 1 per year | NO | | | \$26.54 | |
| E0215 | Electric heat pad moist | Y/12 months if PA required | YES>1 | 1 per year | NO | | | \$57.60 | |
| E0217 | Water circ heat pad w pump | Y/ 6 months | YES | | Y/ month | YES | 47.5 | \$474.97 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|-----------------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0225 | Hydrocollator unit | | NO | 1 per 4 year | Y/month | NO | 37.18 | \$371.81 | removal of PA & PA for RR eff. 8/1/10 |
| E0235 | Paraffin bath unit portable | Y/ 6 months | YES | | Y/ month | YES | 16.51 | \$165.10 | |
| E0236 | Pump for water circulating p | Y/ 6 months | YES | | Y/ month | YES | 35.99 | \$359.90 | |
| E0239 | Hydrocollator unit portable | Y/ 6 months | NO | 1 per 4 year | Y/month | NO | 38.07 | \$380.71 | removal of PA & PA for RR eff. 8/1/10 |
| E0247 | transfer bench | Y/6 months | YES | | NO | | | M | |
| E0248 | transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each | Y/6 months | YES | | NO | | | M | added 8/18/08 for DOS 4/28/08 and after |
| E0249 | Pad water circulating heat u | | NO | | NO | | | \$81.00 | |
| E0250 | Hosp bed fixed ht w/ mattres | Y/ 6 months | YES | | Y/ month | YES | 75.2 | \$752.00 | new rate eff. DOS 4/1/09; former rate purchase \$795.00, RR \$79.50 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0251 | Hosp bed fixd ht w/o mattres | Y/12 month | YES | | Y/ month | YES | 56.98 | \$569.80 | new rate eff. DOS 4/1/09; former rate purchase \$602.40 RR \$60.24 |
| E0255 | Hospital bed var ht w/ matt | Y/12 month | YES | | Y/ month | YES | 91.07 | \$910.70 | new rate eff. DOS 4/1/09; former rates purchase \$962.80 RR \$96.28 |
| E0256 | Hospital bed var ht w/o matt | Y/12 month | YES | | Y/ month | YES | 64.12 | \$641.02 | new rate eff. DOS 4/1/09; former rates purchase \$677.80, RR \$67.78 |
| E0260 | Hosp bed semi-electr w/ matt | Y/12 month | YES | | Y/ month | YES | 127.12 | \$1,271.20 | new rate eff. DOS 4/1/09; former rates purchase \$1392.40, RR \$139.24 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0261 | Hosp bed semi-electr w/o mat | Y/12 month | YES | | Y/ month | YES | 105.34 | \$1,053.40 | new rate eff. DOS 4/1/09; former rates purchase \$1113.60, RR \$111.36 |
| E0265 | Hosp bed total electr w/ mat | Y/12 month | YES | | Y/ month | YES | 160.74 | \$1,607.40 | new rate eff. DOS 4/1/09; former rates purchase \$1699.20, RR \$169.92 |
| E0266 | Hosp bed total elec w/o matt | Y/12 month | YES | | Y/ month | YES | 153.29 | \$1,532.90 | new rate eff. DOS 4/1/09; former rates purchase \$1620.40 RR \$162.04 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|----------------------|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0271 | Mattress innerspring | | NO | | NO | | | \$184.61 | new rate eff. DOS 4/1/09; former rates purchase \$195.15, RR \$19.51; PA & rental ended eff 12-1-09 |
| E0272 | Mattress foam rubber | | NO | | NO | | | \$183.14 | new rate eff. DOS 4/1/09; former rates purchase \$193.61 RR \$19.36; PA & rental ended 12-1-09 |
| E0275 | Bed pan standard | Y/12 month if PA required | YES>1 | 1 per year | NO | | | \$14.64 | |
| E0276 | Bed pan fracture | Y/12 month if PA required | YES>1 | 1 per year | NO | | | \$12.73 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0277 | Powered pres-redu air mattrs | Y/12 month | YES | 1 per 5 years | Y/ month | YES | 636.62 | \$6,366.20 | new rate eff. DOS 4/1/09; former rates purchase \$7118.50, RR \$711.85 |
| E0280 | Bed cradle | | NO | | NO | | | \$29.38 | rate change from \$31.06 effective 3/1/10 |
| E0290 | Hosp bed fx ht w/o rails w/m | Y/12 month | YES | | Y/ month | YES | 57.49 | \$574.90 | new rate eff.DOS 4/1/09; former rates purchase \$607.80, RR \$60.78 |
| E0291 | Hosp bed fx ht w/o rail w/o | | NO | | Y/ month | NO | 41.77 | \$417.70 | PA removed for purchase and RR eff.8/1/10 |
| E0292 | Hosp bed var ht w/o rail w/o | Y/12 month | YES | | Y/ month | YES | 64.65 | \$646.50 | new rate eff. DOS 4/1/09; former rates purchase \$683.40, RR \$68.34 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0293 | Hosp bed var ht w/o rail w/ | Y/12 month | YES | | Y/ month | YES | 55.01 | \$550.10 | new rate eff. DOS 4/1/09; former rates purchase \$581.50, RR \$58.15 |
| E0294 | Hosp bed semi-elect w/ mattr | Y/12 month | YES | | Y/ month | YES | 100.5 | \$1,005.00 | new rate eff. DOS 4/1/09; former rates purchase \$1062.40, RR \$106.24 |
| E0295 | Hosp bed semi-elect w/o matt | Y/12 month | YES | | Y/ month | YES | 97.96 | \$979.60 | new rate eff. DOS 4/1/09; former rates purchase \$1035.60, RR \$103.56 |
| E0296 | Hosp bed total elect w/ matt | Y/12 month | YES | | Y/month | YES | 126.31 | \$1,263.10 | new rate eff.DOS 4/1/09; former ratespurchase \$1335.30, RR \$133.53 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0297 | Hosp bed total elect w/o mat | Y/12 month | YES | | Y/month | YES | 112.16 | \$1,121.60 | new rate eff.DOS 4/1/09; former rates purchase \$1185.60, RR \$118.56 |
| E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Y/12 MONTHS | YES | | Y/month | YES | 685.63 | \$6,856.32 | |
| E0303 | Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress | Y/12 months | YES | | Y/month | YES | 243.18 | \$2,908.14 | |
| E0304 | Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattress | Y/12 months | YES | | Y/month | YES | 616.54 | \$6,165.40 | |
| E0305 | Rails bed side half length | | NO | | Y/month | NO | 16.1 | \$161.10 | new rate eff.DOS 4/1/09; former rates purchase \$170.20, RR \$17.02; PA for purchase & rental removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0310 | Rails bed side full length | | NO | | Y/month | NO | 15.06 | \$150.56 | new rate eff.DOS 4/1/09; former rates purchase \$159.17, RR \$15.91; PA for purchase & rental removed eff. 8/1/10 |
| E0315 | Bed accessory brd/tbl/support | | NO | | NO | | | \$9.54 | |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | Y/12 months | YES | | Y/ month | YES | M | M | |
| E0325 | Urinal male jug-type | Y/12 month if PA required | YES > 1 | 1 per year | NO | | | \$9.67 | |
| E0326 | Urinal female jug-type | Y/12 month if PA required | YES>1 | 1 per year | NO | | | \$10.05 | |
| E0371 | Nonpower mattress overlay | Y/12 month | YES | | Y/ month | YES | 402.25 | \$4,022.50 | rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0372 | Powered air mattress overlay | Y/12 month | YES | | Y/ month | YES | 488.1 | \$4,881.00 | rate change eff.4/1/09; former rates purchase \$5159.80, RR \$515.98 |
| E0373 | Nonpowered pressure mattress | Y/12 month | YES | | Y/ month | YES | 472.69 | \$4,726.90 | rate change eff. DOS 4/1/09; former rates purchase \$5,878.50, RR \$587.85; rate adjusted eff. 3/1/10 former rate \$556.10RR/\$5,56 1.00 purchase |
| E0424 | Stationary compressed gas 02 | Y/12 month | YES | | Y/ month | YES | 173.17 | NA | Rate change 1/1/09; rate change 3/1/10 from \$175.79 |
| E0431 | Portable gaseous 02 | Y/12 month | YES | | Y/ month | YES | 28.77 | NA | Rate change 1/1/09 |
| E0434 | Portable liquid 02 | Y/12 month | YES | | Y/ month | YES | 28.77 | NA | Rate change 1/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0439 | Stationary liquid 02 | Y/12 month | YES | | Y/ month | YES | 173.17 | NA | Rate change 1/1/09; rate change 3/1/10 from \$175.79 |
| E0445 | Oximeter device for measuring blood oxygen levels | Y/12months | YES | | Y/month | YES | M | M | |
| E0455 | Oxygen tent excl croup tent or ped | Y/12 month | YES | | Y/ month | YES | 170 | \$1,700.00 | |
| E0457 | Chest shell | Y/12 month | YES | | Y/ month | YES | 58.79 | \$587.89 | |
| E0459 | Chest wrap | Y/12 month | YES | | Y/ month | YES | 41.39 | \$413.90 | |
| E0462 | Rocking bed w/ or w/o side r | Y/12 month | YES | | Y/ month | YES | 278.78 | \$2,787.80 | |
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | Y/12 months | Yes | | y/month | Yes | 1055.23 | | 1/1/2016 |
| E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | Y/12 months | Yes | | y/month | Yes | 1055.23 | | 1/1/2016 |
| E0470 | Respiratory assist dev. Bi-level pressure w/o backup rate, | Y/12 months | YES | | Y/month | YES | 205.28 | \$2,052.80 | |
| E0471 | Respiratory assist dev. Bi-level pressure w/ backup rate, | Y/12 months | YES | | Y/month | YES | 513.74 | NO | |
| E0472 | Respiratory assist dev. Bi-level pressure w/backup rate, invasive interface | Y/12 months | YES | | Y/month | YES | 513.74 | NA | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0480 | Percussor elect/pneum home m | | NO | 1 per 5 years | Y/ month | NO | 42.04 | \$420.40 | PA removed for purchase and RR eff. 8/1/10 |
| E0482 | Cough Stimulating device, alternating positive and negative airway pressure | Y/12 months | YES | | Y/month | YES | 387.02 | \$3,870.20 | rate set 08/01/2007 |
| E0483 | High frequency chest wall oscillation air-pulse generator system, including hoses and vest | Y/12 months | YES | | Y/month | YES | 1435.23 | \$14,352.30 | purchase rate set 1/09; RR rate adjustment eff 8- 1-10 |
| E0484 | Oscillatory PEP device non-electric | | NO | | NO | | | \$29.54 | |
| E0485 | Oral device/appliance used to reduce upper airway collapsability, pre fab | Y/12 months | YES | | NO | | | M | code added 01/02/2007 |
| E0486 | Oral device/appliance used to reduce upper airway collapsability, custom | Y/12 months | YES | | NO | | | M | code added 01/02/2007 |
| E0500 | IPPB Machine, all types, with built-in | Y/12 months | YES | | Y/month | YES | 8.51 | NA | rate set eff. 1/15/08 |
| E0561 | Humidifier, non-heated for use with positive pressure airway device | | NO | | Y/month | NO | 8.55 | \$85.60 | PA for purchase & RR PA removed eff. 8/1/10 |
| E0562 | Humidifier, heated used with positive airway pressure device | | NO | | Y/month | NO | 28.82 | \$240.98 | PA for purchase & RR PA removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|--|---|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0565 | Compressor air power source | Y/12 month | YES | | Y/ month | YES | 49.61 | \$496.10 | |
| E0570 | Nebulizer with compression | Y/12 months if PA required | PA required if limit exceeded | 1 per 4 years unless PA obtained | | | | \$128.88 | 08/01/2007 PA & RR removed \$180.00 former rate change eff. 1/15/08 |
| E0571 | Aerosol compressor, battery powered, use with sm nebulizer | Y/12 month if PA required | PA required if limit exceeded | 1 per 4 years unless PA obtained | NO | | | \$239.80 | 09/01/2007 PA & RR removed; CMS will enddate the code 2/4/11; Suppliers should use E0570 in place of this code. Reimbursement will be at E0570 rate. |
| E0572 | Aerosol compressor, adj pressure, light duty, intermittent use | | NO | 1 per 4 years | NO | | | \$304.70 | PA for purchase and RR removed eff. 8/1/10 |
| E0574 | Ultrasonic generator with sm vol ultrasonic nebulizer | | NO | 1 per 4 years | NO | | | \$322.10 | PA for purchase and RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0575 | Nebulizer ultrasonic | Y/12 months | YES | 1 per 4 years | Y/ month | YES | 98.32 | \$983.20 | |
| E0580 | Nebulizer for use w/ regulat | | NO | 1 per 4 years | NO | | | \$121.31 | rate change eff.DOS 4/1/09; former rate purchase \$128.23 |
| E0585 | Nebulizer w/ compressor & heater | | NO | 1 per 4 years | NO | | | \$335.50 | PA for purchase and RR removed eff. 8/1/10 |
| E0600 | Respiratory Suction pump portab home model | | NO | 1 per 4 years | NO | | | \$372.30 | PA for purchase and RR removed eff. 8/1/10 |
| E0601 | Cont airway pressure device | Y/12 month | YES | | Y/ month | YES | 100.82 | \$1,008.20 | rate change eff. DOS 4/1/09; former rates purchase \$1,065.80, RR \$106.58 |
| E0602 | MANUAL BREAST PUMP | | | | | | | \$32.28 | Effective 01/14; LIMITED TO ONE PER PLAN YEAR |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0603 | ELECTRIC BREAST PUMP | | | | | | | \$219.30 | Effective 01/14LIMITED TO ONE PER PLAN YEAR |
| E0604 | Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type | Y/12 months | YES | | Y/month | YES | 82.5 | NA | CMS description chg. 1/08 |
| E0606 | Drainage board postural | | NO | | NO | | | \$213.60 | |
| E0607 | Blood glucose monitor home | Y/12 month | Yes > 1 | 1 per 4 years | NO | | | \$63.92 | Coverage will be through pharmacy 10/5/10 and after |
| E0617 | AED | Y/12months | YES | | Y/month | YES | 310.44 | \$3,725.28 | |
| E0618 | Apnea monitor without recording feature | Y/12 month | YES | | Y/ month | YES | 227.3 | NA | |
| E0619 | Apnea monitor with recording feature | Y/12 months | YES | | Y/month | YES | 227.3 | NA | |
| E0621 | Patient lift sling or seat | | NO | | NO | | | \$78.06 | |
| E0625 | Patient lift bathroom, shower, or toilet | Y/12 month | YES | | Y/ month | YES | M | M | |
| E0627 | Seat lift incorp lift-chair | | NO | | NO | | | \$322.72 | PA for purchase removed and RR ended eff.8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0628 | Seat lift for pt furn-electr | | NO | | NO | | | \$322.72 | PA for purchase removed and RR ended eff.8/1/10 |
| E0629 | Seat lift for pt furn-non-el | | NO | | NO | | | \$316.39 | PA for purchase removed and RR ended eff.8/1/10 |
| E0630 | Patient hydraulic or mechanical lift incl any seat, sling, strap (s), or pads (s) | Y/12 month | YES | | Y/ month | YES | 88.22 | \$882.20 | CMS description chg. 1/08 |
| E0635 | Patient electric lift, with seat or sling | Y/12 month | YES | | Y/ month | YES | 117.06 | \$1,170.60 | |
| E0637 | Combination sit to stand system, with seat lift, w/wo wheels | Y/12 months | YES | | Y/month | YES | M | M | |
| E0638 | Standing frame, one position, incl. pediatric and w/wo wheels | Y/12 months | YES | | NO | | | \$853.57 | |
| E0639 | Patient lift, moveable, includes all components/accessories | Y/12 months | YES | | Y/month | YES | M | M | |
| E0641 | Standing frame system, multi position, incl. pediatric | Y/12 months | YES | | NO | | | M | |
| E0642 | Standing frame system, mobile, incl. pediatric dynamic stander | Y/12 months | YES | | NO | | | M | |
| E0650 | Pneuma compresor non-segment | Y/12 month | YES | | Y/ month | YES | 61.96 | \$619.60 | |
| E0651 | Pneum compresor segmental | Y/12 month | YES | | Y/ month | YES | 87.87 | \$878.65 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0652 | Pneum compres w/cal pressure | Y/12 month | YES | | Y/ month | YES | 457.68 | \$4,576.80 | |
| E0655 | Pneumatic appliance half arm | | NO | | NO | | | \$93.23 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0656 | segmental, pneumatic appliance for use with compressor, trunk | Y/12 month | YES | | Y/ month | YES | M | M | CMS addition 1/1/09 |
| E0657 | segmental pneumatic appliance for use with compressor, chest | Y/12 month | YES | | Y/ month | YES | M | M | CMS addition 1/1/09 |
| E0660 | Pneumatic appliance full leg | | NO | | NO | | | \$152.83 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0665 | Pneumatic appliance full arm | | NO | | NO | | | \$131.06 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0666 | Pneumatic appliance half leg | | NO | | NO | | | \$132.11 | PA for purchase and RR ended removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0667 | Seg pneumatic appl full leg | | NO | | NO | | | \$309.75 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0668 | Seg pneumatic appl full arm | | NO | | NO | | | \$422.74 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0669 | Seg pneumatic appli half leg | | NO | | NO | | | | PA for purchase and RR ended removed eff. 8/1/10 |
| E0670 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK | | NO | | NO | | | M | CMS ADDED 1/1/13 |
| E0671 | Pressure pneum appl full leg | | NO | | NO | | | \$397.36 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0672 | Pressure pneum appl full arm | | NO | | NO | | | \$308.75 | PA for purchase and RR ended removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0673 | Pressure pneum appl half leg | | NO | | NO | | | \$256.56 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0675 | Pneumatic compression device, high press.for arterial insufficiency | Y/12 months | YES | | Y/month | YES | 307.64 | NA | \$257.59 former rate change eff. 1/15/08 |
| E0676 | Intmt. Limb compression device, includes all accessories, NOC | YES | YES | | Y/month | YES | M | M | code added 01/02/2007 |
| E0705 | transfer device, any type each | | NO | | NO | | | \$52.73 | CMS description chg. 1/08 removed board |
| E0720 | Tens two lead | Y/12 month | YES | | Y/ month | YES | 30.81 | \$308.11 | |
| E0730 | Tens four or more lead | Y/12 month | YES | | Y/month | YES | 32.14 | \$321.42 | |
| E0731 | Conductive garment for tens | Y/12 month | YES | | NA | | | \$341.24 | |
| E0744 | Neuromuscular stim for scoli | Y/12 month | YES | | Y/ month | YES | 87.6 | \$876.00 | |
| E0745 | Neuromuscular stim for shock | Y/12 month | YES | | Y/ month | YES | 85.64 | \$856.40 | |
| E0747 | Elec osteogen stim not spine | Y/12 month | YES | 1 per 5 years | NA | | | \$2,850.30 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0748 | Elec osteogen stim spinal | Y/12 month | YES | 1 per 5 years | NA | | | \$3,352.50 | |
| E0760 | Osteogenesis stimulator, noninvasive, ultrasound | Y/12 month | YES | 1 per 5 years | NA | | | \$2,778.50 | |
| E0762 | transcutaneous elect. Joint stim. Device, incl. all accessories | Y/12 months | YES | | NA | | | \$857.90 | code added 04/02/2007; rate set 1/15/08 |
| E0764 | functional neuromusc. Stim. Transcutaneous spinal cord injury entire system | Y/12 months | YES | | NA | | | \$8,141.75 | code added 04/02/2007 |
| E0769 | electrical stimulation or electromagnetic wound RX device NOC | Y/6 months | YES | | Y/month | YES | M | NA | |
| E0770 | functional electrical stimulator, transcutaneous, any type, compete system, NOC | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1/1/09 |
| E0776 | IV pole | Y/12 months | NO | 1 per 5 years | Y/month | NO | 11.64 | \$116.42 | PA for purchase and RR ended removed eff. 8/1/10 |
| E0780 | Ambulatory Infusion pump, reuseable < 8 hours | | NO | | NA | | | \$9.92 | |
| E0781 | External ambulatory infus pu | Y/12 month | YES | 1 per 5 years | Y/ month | YES | 253.4 | \$2,534.00 | |
| E0782 | Non-programmable infusion pump | Y/12 month | YES | 1 per 5 years | Y/ month | YES | 369.97 | \$3,699.70 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|---------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0783 | Infusion pump system, implantable, programable, all com | Y/12 months | YES | | NA | | | \$7,337.00 | covered only in a hospital that does not bill Medicaid |
| E0784 | Ext amb infusn pump insulin | Y/12 month | YES | 1 per 5 years | Y/ month | YES | 400 | \$4,000.00 | rate set 08/01/2007; rate change 4-1-09 from \$375.81 RR and purchase \$3758.10 |
| E0791 | Parenteral infusion pump sta | Y/12 month | YES | | Y/ month | YES | 302.5 | \$3,025.00 | |
| E0840 | Tract frame attach headboard | | NO | | NA | | | \$59.59 | |
| E0849 | Traction equipment, cervical, free standing stand/frame pneumatic | Y/12 months | YES | | Y/month | YES | 46.38 | \$463.78 | rate set 08/01/2007 |
| E0850 | Traction stand free standing | | NO | | NO | | | \$100.51 | |
| E0855 | Cervical traction equipment | Y/12 month | YES | | Y/ month | YES | 48.09 | \$480.86 | |
| E0856 | Cervical traction device, cervical collar with inflatable air bladder | | NO | | NO | | | \$123.22 | CMS addition 1/08 rate set 8-1-08. PA removed eff. DOS 8-1-08 and after. |
| E0860 | Tract equip cervical tract | | NO | | NO | | | \$35.51 | |
| E0870 | Tract frame attach footboard | | NO | | NO | | | \$111.27 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0880 | Trac stand free stand extrem | | NO | | NO | | | \$120.10 | |
| E0890 | Traction frame attach pelvic | | NO | | NO | | | \$114.38 | |
| E0900 | Trac stand free stand pelvic | | NO | | NO | | | \$122.58 | |
| E0910 | Trapeze bar attached to bed | | NO | | Y/ month | NO | 18.1 | \$181.10 | rate change eff. DOS 4/1/09; former rates purchase \$191.30, RR \$19.13; PA for purchase and PA for RR removed eff. 8/1/10 |
| E0911 | Trapeze bar heavy duty wt. greater than 250# | | NO | | Y/month | NO | 44.87 | \$448.70 | rate set 08/01/2007;PA for purchase and PA for RR removed eff. 8/1/10 |
| E0912 | Trapeze bar heavy duty wt. greater than 250# free standing | Y/12 months | YES | | Y/month | YES | 103.02 | \$1,030.20 | rate set 08/01/2007; |
| E0920 | Fracture frame attached to b | Y/12 month | YES | | Y/ month | YES | 44.14 | \$441.40 | |
| E0930 | Fracture frame free standing | Y/12 month | YES | | Y/ month | YES | 37.15 | \$371.50 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|---------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0935 | Exercise device passive moti | Y/12 month | YES | 21 days | Y/ day | YES | 21.75 | NA | |
| E0940 | Trapeze bar free standing | | NO | | Y/ month | NO | 27.96 | \$279.60 | rate change eff. DOS 4/1/09; former rates purchase \$295.50, RR \$29.55; PA for purchase and PA for RR removed eff. 8/1/10 |
| E0941 | Gravity assisted traction de | | NO | | Y/ month | NO | 41.53 | \$415.30 | PA for purchase and RR removed eff. 8/1/10 |
| E0942 | Cervical head harness/halter | | NO | | NO | | | \$18.99 | |
| E0944 | Pelvic belt/harness/boot | | NO | | NO | | | \$40.16 | |
| E0945 | Belt/harness extremity | | NO | | NO | | | \$42.41 | |
| E0946 | Fracture frame dual w cross | Y/12 month | YES | | Y/ month | YES | 48.11 | \$481.10 | |
| E0947 | Fracture frame attachmnts pe | Y/12 month | YES | | Y/ month | YES | 58.02 | \$580.20 | |
| E0948 | Fracture frame attachmnts ce | Y/12 month | YES | | Y/ month | YES | 56.12 | \$561.19 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0950 | W/C tray | | NO | | NO | | | \$94.07 | rate change eff. DOS 4/1/09; former rate purchase \$99.45; PA ended 12-1- 09 |
| E0951 | Loop, heel, each | | NO | | NO | | | \$15.09 | rate change eff. DOS 4/1/09; former rate purchase \$15.80 |
| E0952 | Loop tie | | NO | | NO | | | \$14.48 | rate change eff. DOS 4/1/09; former rate purchase \$15.32 |
| E0955 | W/C accessory, headrest, cushioned, prefab with mounting hardware, each | Y/6 months | YES | | NO | | | MSRP-22% | |
| E0956 | W/C accessory, lateral trunk or hip support, prefab with mounting hardware, each | Y/6 months | YES | | NO | | | MSRP-22% | |
| E0957 | W/C accessory, medial thigh support, prefab with mounting hardware, each | Y/6 months | YES | | NO | | | MSRP-22% | |
| E0958 | Whlchr att- conv 1 arm drive manual | Y/ 6 months | YES | | Y/ month | YES | 41.74 | \$417.40 | |
| E0959 | Amputee adapter | | NO | | NO | | | \$39.79 | rate set 08/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0960 | W/C accessory, houlder harness/straps or chest strap, incl. Mounting hardware | Y/6 months | YES | | NO | | | MSRP-22% | |
| E0961 | Wheelchair brake extension | | NO | | Y/month | NO | 2.42 | \$24.19 | PA for purchase and PA for RR removed eff. 8/1/10 |
| E0966 | Manual WC accessory-headrest extension | | NO | | Y/month | NO | 6.22 | \$62.17 | PA for purchase and PA for RR removed eff. 8/1/10 |
| E0967 | Wheelchair hand rims w/projections, any type | | NO | | Y/ month | NO | 5.91 | \$59.12 | rate set 08/01/2007; PA for purchase and and PA for RR removed eff. 8/1/10 |
| E0968 | Wheelchair commode seat | Y/6 months | YES | | Y/ month | YES | 14.58 | \$145.80 | |
| E0969 | Wheelchair Narrowing device | | NO | | Y/ month | NO | 14.84 | \$148.35 | PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------------|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0970 | Wheelchair no. 2 footplates | | NO | | Y/month | NO | 3.92 | \$39.17 | Crosswalk codes are K0037 & K0042. E0970 will be removed from the fee schedule effective DOS 8- 1-08 and after. PA for purchase and PA for RR removed eff 8/1/10 |
| E0971 | Wheelchair anti-tipping device each | | NO | | Y/month | NO | 3.96 | \$39.59 | rate set 08/01/2007; PA for purchase and PA for RR removed eff with reg change |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0973 | Wheelchair adjustable height | | NO | | Y/month | NO | 8.42 | \$84.20 | rate change to begin DOS 4/1/09 purchase \$88.44, RR \$8.84; rate change 3/1/10 ; PA for purchase and PA for RR removed eff. 8/1/10 |
| E0974 | Wheelchair grade-aid | | NO | | Y/month | NO | 6.96 | \$69.57 | PA for purchase and PA for RR removed eff. 8/1/10 |
| E0978 | Wheelchair belt w/airplane b | | NO | | NO | | | \$38.43 | rate set 08/01/2007; PA for purchase removed eff 8/1/10 |
| E0980 | Wheelchair safety vest | | NO | | NO | | | \$31.62 | PA for purchase and removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0981 | W/C accessory, seat upholstery, replacement only, each, pt. owned | | NO | | NO | | | \$42.67 | \$47.59 former rate change eff. 1/15/08; rate change eff. DOS 4/1/09; former rate purchase \$47.15 |
| E0982 | W/C accessory, back upholstery, replacement, only, patient owned | | NO | | NO | | | \$44.48 | |
| E0983 | manual WC access., power add-on to convert manual WC to motorized, joystick control | Y/ 6 months | YES | | Y/month | YES | 262.43 | \$2,624.30 | added eff. 1-1-09 |
| E0985 | W/C accessory, seat lift mechanism | | NO | | Y/month | NO | 19.27 | \$192.70 | PA for purchase and PA for RR removed eff. 8/1/10 |
| E0986 | Manual WC accessory-push activated power assist | Y/6 months | YES | | Y/month | YES | M | M | code added effective 8/1/07 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E0990 | Wheelchair elevating leg res | | NO | | Y/ month | NO | 10.63 | \$106.27 | rate change eff.DOS 4/1/09; former rates purchase \$112.35, RR \$11.24; PA for purchase and PA for RR removed eff. 8/1/10 |
| E0992 | Wheelchair solid seat insert | | NO | | NO | | | \$79.18 | |
| E0994 | Wheelchair arm rest | | NO | | NO | | | \$16.87 | |
| E0995 | Wheelchair calf rest | | NO | | NO | | | \$25.12 | rate change eff. DOS 4/1/09; former rate purchase \$26.56 |
| E1002 | W/C accessory, power seating system, tilt only | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1003 | W/C accessory, power seating system, recline only w/o shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1004 | W/C accessory, power seating system, recline only, with shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1005 | W/C accessory, power seating system, recline only with power shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1006 | W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1007 | W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1008 | W/C accessory, power seating sys.,comb. Tilt/recline, w/power shear reduction | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1009 | W/C accessory, add. To power sys.,mech. Linked leg elevation system | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1010 | W/C accessory, add. To power sys.,power leg elevation system | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1011 | Modification to ped. W/C Width adj. pkg | Y/6 months | YES | | NO | | | M | code added 07/02/2007 |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | | Yes | | y/month | Yes | 94.99 | \$949.90 | 1/1/2016 |
| E1014 | reclining back addt. To ped sizeWC | | NO | | NO | | | \$292.11 | code added 07/02/2007 rate set eff. 1/15/08; PA for purchase removed eff. 8/1/10 |
| E1015 | Shock absorber for manual wheelchair | Y/6 months | YES | | NO | | | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1016 | Shock absorber for power wheelchair | | NO | | NO | | | \$118.18 | code added 11/07/07; PA ended eff. 12-1- 09 |
| E1018 | Heavy duty Shock absorber for heavy dty or extra-heavy dty power wheelchair, each | Y/6 months | YES | | NO | | | M | code added 5/10 |
| E1020 | Residual Limb Support system for wheelchair | | NO | | Y/ month | NO | 22.02 | \$220.29 | rate change eff. DOS 4/1/09; former rates purchase \$243.31, RR \$27.75; PA for purchase and PA for rental removed eff 8/1/10 |
| E1028 | W/C accessory, man. Swingaway, retr. Or remov. Hardware for | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1029 | W/C accessory, ventilator tray, fixed | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1030 | W/C accessory, ventilator tray, gimbaled | Y/6 months | YES | | NO | | | MSRP-22% | |
| E1031 | Rollabout chair with casters | Y/6 months | YES | | Y/ month | YES | 41.07 | \$410.70 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1035 | Mult. Positional transfer system, with integrated seat | Y/12 months | YES | | Y/month | YES | 490.56 | \$4,905.60 | added to fee schedule 5/21/08 for DOS 4/30/08 and after |
| E1036 | multi-position transfer system w/integrated seat, x-wide, member wt >300# | Y/12 months | YES | | Y/month | YES | M | M | CMS added 1/1/10 |
| E1037 | Transport Chair, pediatric size | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1038 | Transport Chair, adult size | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1039 | transport chair, adult size heavy duty, wt. > 250 lbs | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1050 | Wheelchr fxd full length arms | Y/6 months | YES | | Y/ month | YES | 88.29 | \$882.90 | |
| E1060 | Wheelchair detachable arms | Y/6 months | YES | | Y/ month | YES | 120.61 | \$1,206.10 | |
| E1065 | Wheelchair power attachment | Y/6 months | YES | | Y/ month | YES | 252.86 | \$2,528.60 | |
| E1070 | Wheelchair detachable foot r | Y/6 months | YES | | Y/ month | YES | 104.78 | \$1,047.80 | |
| E1083 | Hemi-wheelchair fixed arms | Y/6 months | YES | | Y/ month | YES | 75.33 | \$753.30 | |
| E1084 | Hemi-wheelchair detachable a | Y/6 months | YES | | Y/ month | YES | 93.85 | \$938.50 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|--|-------------------------------------|--------|----------|----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| E1085 | Hemi-wheelchair fixed arms | Y/6 months | YES | | Y/ month | YES | 66.21 | \$662.10 | |
| E1086 | Hemi-wheelchair detachable a | Y/6 months | YES | | Y/ month | YES | 80.4 | \$804.00 | |
| E1087 | Wheelchair lightwt fixed arm | Y/6 months | YES | | Y/ month | YES | 102.88 | \$1,028.80 | |
| E1088 | Wheelchair lightweight det a | Y/6 months | YES | | Y/ month | YES | 122.6 | \$1,226.00 | |
| E1089 | Wheelchair lightwt fixed arm | Y/6 months | YES | | Y/ month | YES | 97.74 | \$977.40 | |
| E1090 | Wheelchair lightweight det a | Y/6 months | YES | | Y/ month | | 128.27 | \$1,282.70 | |
| E1092 | Wheelchair wide w/ leg rests | Y/6 months | YES | | Y/ month | YES | 110.61 | \$1,106.10 | |
| E1093 | Wheelchair wide w/ foot rest | Y/6 months | YES | | Y/ month | YES | 90.01 | \$900.10 | |
| E1100 | Whchr s-recl fxd arm leg res | Y/6 months | YES | | Y/ month | YES | 84.42 | \$844.20 | |
| E1110 | Wheelchair semi-recl detach | Y/6 months | YES | | Y/ month | YES | 82.66 | \$826.60 | |
| E1130 | Whlchr stand fxd arm ft rest | | NO | | Y/ month | NO | 44.11 | \$441.10 | PA removed for purchase and RR eff. 8/1/10 |
| E1140 | Wheelchair standard detach a | Y/6 months | YES | | Y/ month | YES | 58.42 | \$584.20 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| E1150 | Wheelchair standard w/ leg r | Y/6 months | YES | | Y/ month | YES | 67.71 | \$677.10 | |
| E1160 | Wheelchair fixed arms | Y/6 months | YES | | Y/ month | YES | 54.43 | \$544.30 | |
| E1161 | Wheelchair Manual Adult Size, includes tilt in space | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1170 | Whlchr ampu fxd arm leg rest | Y/6 months | YES | | Y/ month | YES | 85.45 | \$854.50 | |
| E1171 | Wheelchair amputee w/o leg r | Y/6 months | YES | | Y/ month | YES | 65.18 | \$651.80 | |
| E1172 | Wheelchair amputee detach ar | Y/6 months | YES | | Y/ month | YES | 79.65 | \$796.50 | |
| E1180 | Wheelchair amputee w/ foot r | Y/6 months | YES | | Y/ month | YES | 96.95 | \$969.50 | |
| E1190 | Wheelchair amputee w/ leg re | Y/6 months | YES | | Y/ month | YES | 112.01 | \$1,120.10 | |
| E1195 | Wheelchair amputee heavy dut | Y/6 months | YES | | Y/ month | YES | 120.19 | \$1,201.90 | |
| E1200 | Wheelchair amputee fixed arm | Y/6 months | YES | | Y/ month | YES | 80.14 | \$801.40 | |
| E1220 | Wheelchair Specially sized or constructed | Y/6 months | YES | | Y/ month | YES | MSRP-15% | MSRP-15% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1221 | Wheelchair with fixed arms w footrests | | NO | | Y/ month | NO | 38.63 | \$386.30 | description chg. 9/9/08; PA for purchase and RR removed eff. 8/1/10 |
| E1222 | Wheelchair w/fixed arm w elevating leg rests | Y/6 months | YES | | Y/ month | YES | 55.12 | \$551.20 | description chg. 9/9/08 |
| E1223 | Wheelchair detachable arms w footrests | Y/6 months | YES | | Y/ month | YES | 60.19 | \$601.90 | description chg. 9/9/08 |
| E1224 | Wheelchair detachable arms w/ elevating leg rests | Y/6 months | YES | | Y/ month | YES | 65.99 | \$659.90 | description chg. 9/9/08 |
| E1225 | Wheelchair accessory manual semi-recl back recline>15 degrees but <80 | Y/6 months | YES | | Y/ month | YES | 43.24 | \$432.40 | description chg. 9/9/08 |
| E1226 | Wheelchair accessory manual full-recl back recline >80 degrees | Y/6 months | YES | | Y/ month | YES | 52.2 | \$522.01 | description chg. 9/9/08 |
| E1227 | Spec ht arms for WC | Y/6 months | YES | | Y/ month | YES | 24.48 | \$244.80 | description chg. 9/9/08 |
| E1228 | Special back height for WC | Y/6 months | YES | | Y/ month | YES | 26.81 | \$268.10 | description chg. 9/9/08 |
| E1229 | Wheelchair, pediatric not otherwise classified | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1232 | Wheelchair pediatric size, tilt-in space, folding, adjustable with seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1233 | Wheelchair pediatric size, tilt-in space, rigid, adjustable without seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1234 | Wheelchair pediatric size, tilt-in space, folding, adjustable without seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1235 | Wheelchair pediatric size, rigid, adjustable with seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | description corrected to remove tilt in space |
| E1236 | Wheelchair pediatric size, folding, adjustable with seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1237 | Wheelchair pediatric size, rigid, adjustable without seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1238 | Wheelchair pediatric size, folding, adjustable without seating system | Y/6 months | YES | | Y/month | YES | MSRP-15% | MSRP-15% | |
| E1240 | Whchr litwt det arm leg rest | Y/6 months | YES | | Y/ month | YES | 83.77 | \$837.70 | |
| E1250 | Wheelchair lightwt fixed arm | Y/6 months | YES | | Y/ month | YES | 61.8 | \$618.00 | |
| E1260 | Wheelchair lightwt foot rest | Y/6 months | YES | | Y/ month | YES | 75.79 | \$757.90 | |
| E1270 | Wheelchair lightweight leg r | Y/6 months | YES | | Y/ month | YES | 72.25 | \$722.50 | |
| E1280 | Whchr h-duty det arm leg res | Y/6 months | YES | | Y/ month | YES | 125.58 | \$1,255.80 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|---------------|---------------|---|---------------------|---------------------------|------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1285 | Wheelchair heavy duty fixed | Y/6 months | YES | | Y/ month | YES | 98.07 | \$980.70 | |
| E1290 | Wheelchair hvy duty detach a | Y/6 months | YES | | Y/ month | YES | 114.02 | \$1,140.20 | |
| E1295 | Wheelchair heavy duty fixed | Y/6 months | YES | | Y/ month | YES | 98.78 | \$987.80 | |
| E1296 | Wheelchair special seat height | Y/6 months | YES | | Y/ month | YES | 39.98 | \$399.82 | |
| E1297 | Wheelchair special seat dept | Y/6 months | YES | | Y/ month | YES | 9.61 | \$95.95 | |
| E1298 | Wheelchair spec seat depth/w | Y/6 months | YES | | Y/ month | YES | 40.53 | \$405.30 | |
| E1300 | Whirlpool portable, tub type | Y/6 months | YES | | Y/ month | YES | M | M | |
| E1354 | O2 accessory, wheeled cart for portable cylinder or concentrator, each | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1/1/09 |
| E1355 | Oxygen supplies stand/rack | | NO | | NO | | | \$22.40 | rate chg. 1/1/09 |
| E1356 | O2 accessory, battery pack/cartridge for portable concentrator, any type, each | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1/1/09 |
| E1357 | O2 accessory, battery charger, for portable concentrator, any type, each | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1/1/09 |
| E1358 | O2 accessory, DC power adapter for portable concentrator, any type, each | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1372 | Oxy suppl heater for nebuliz | | NO | | NO | | | \$140.99 | PA for purchase removed and RR ended eff. 8/1/10 |
| E1390 | Oxygen concentrator | Y/12 months | YES | | Y/ month | YES | 173.17 | NO | rate chg. 1/1/09; rate change 3/1/10 from \$175.79 |
| E1391 | O2 concentrator, dual del. Port, 85% or >O2 concentration at presc. Flow rate | Y/12 months | YES | | Y/month | YES | 173.17 | NO | rate chg. 1/1/09; rate change 3/1/10 from \$175.79 |
| E1392 | portable O2 concentrator , rental | Y/12 months | YES | | Y/month | YES | 51.63 | NO | rate change 1/1/07 |
| E1399 | Miscellaneous DME | Y/12 months | YES | | NO | | | M | |
| E1405 | O2/water vapor enrich w/heat | Y/ 6 months | YES | | Y/ month | YES | 212.61 | NO | rate chg. 1/1/09 |
| E1406 | O2/water vapor enrich w/o he | Y/ 6 months | YES | | Y/ month | YES | 192.71 | NO | rate chg. 1/1/09 |
| E1700 | Jaw motion rehab system | Y/ 6 months | YES | | Y/ month | YES | 32.99 | \$329.91 | |
| E1701 | Repl cushions for jaw motion | | NO | | NO | | | \$10.15 | |
| E1702 | Repl measr scales jaw motion | | NO | | NO | | | \$20.92 | |
| E1800 | Adjust elbow ext/flex device | Y/ 6 months | YES | | Y/ month | YES | 94.78 | \$947.80 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1801 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | Y/ 6 months | yes | | Y/ month | Yes | 142.62 | \$1,426.20 | 1/1/2016 |
| E1802 | Dynamic adjustable forearm pronation/supination device, incl soft interface material, ea. | Y/ 6 months | YES | | NO | | | M | added to fee schedule for DOS 03/01/09 and after |
| E1805 | Adjust wrist ext/flex device | Y/ 6 months | YES | | Y/ month | YES | 97.27 | \$972.70 | |
| E1806 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | Y/ 6 months | yes | | Y/ month | Yes | 117.1 | \$1,171.00 | 1/1/2016 |
| E1810 | Adjust knee ext/flex device | Y/ 6 months | YES | | Y/ month | YES | 94.9 | \$949.00 | |
| E1811 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | Y/ 6 months | yes | | Y/ month | Yes | 148.27 | \$1,482.70 | 1/1/2016 |
| E1812 | Dynamic knee ext/flex. Device with active resistance control | Y/ 6 months | YES | | Y/month | YES | 77.39 | NO | rate set 08/01/2007 |
| E1815 | Adjust ankle ext/flex device | Y/ 6 months | YES | | Y/ month | YES | 97.27 | \$972.70 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E1816 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | Y/ 6 months | yes | | Y/ month | Yes | 150.62 | \$1,506.20 | 1/1/2016 |
| E1818 | Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories | Y/ 6 months | yes | | Y/ month | Yes | 153.76 | \$1,537.60 | 1/1/2016 |
| E1820 | Soft interface material | | NO | | NO | | | \$78.20 | |
| E1825 | Adjust finger ext/flex devc | Y/ 6 months | YES | | Y/ month | YES | 97.27 | \$972.70 | |
| E1830 | Adjust toe ext/flex device | Y/ 6 months | YES | | Y/ month | YES | 97.27 | \$972.70 | |
| E1840 | Dynamic adjustable shoulder flexion/abduction rotation device, incl. soft interface | Y/6 months | YES | | Y/month | YES | 401.85 | NO | added to fee schedule for DOS 2/1/10 and after |
| E1841 | Static progressive stretch shoulder device,w/woROM adj. incl. all components & access., each | Y/6months | YES | | Y/month | YES | 407.7 | NO | rate set 08/01/2007 CMS description change 1/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|---------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2000 | Gastric suction pump, home model, portable or stationary, electric | | NO | | Y/ month | NO | 37.23 | \$372.30 | PA removed for purchase and PA for RR removed eff. 8/1/10 |
| E2100 | Blood Glucose Monitor with integrated voice synthesizer | Y/ 6 months | YES | 1 per 4 years | NO | | | \$615.33 | Coverage will be through pharmacy 10/5/10 and after |
| E2201 | Man. W/C non-standard seat frame, width >=20" and < 24" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2202 | Man. W/C non-standard seat frame, width 24-27" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2203 | Man. W/C nonstandard seat frame depth 20 to < 22" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2204 | Man. W/C nonstandard seat frame depth 22 to 25" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2205 | Manual W/C access. Handrim w/o projections any type, replacement only, includes ergonomic or contoured, each | | NO | | NO | | | \$32.67 | CMS description change 1/08 |
| E2206 | manual W/C accessory, wheel lock assembly, complete, each | | NO | | NO | | | \$40.68 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|---------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2207 | W/C accessory, cane/crutch holder | | NO | | Y/month | NO | 4.15 | \$41.47 | correction to fee schedule as to requiring PA 8/1/08; PA for purchase and PA for RR removed eff. 8/1/10 |
| E2208 | W/C access. Cylinder tank carrier, each | Y/6months | NO | | Y/month | NO | 10.75 | \$107.50 | rate change 3/1/10 from RR\$11.36/\$113.64; PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2209 | W/C access. Arm trough, w/wo hand support each | | NO | | Y/month | NO | 9.7 | \$96.98 | rate change eff. DOS 4/1/09; former rates purchase \$102.52, RR \$10.25; PA for purchase and PA for RR removed eff. 8/1/10 |
| E2210 | W/C access. , bearings, any type, replacement only, each, pt. owned | | NO | | NO | | | \$5.93 | rate change eff. DOS 4/1/09; former rate purchase \$6.27 |
| E2211 | Man. W/C access. Pneumatic propulsion tire, any size each, | | NO | | NO | | | \$39.14 | |
| E2212 | Man. W/C access. Tube for pneumatic propulsion tire, any size each | | NO | | NO | | | \$5.63 | |
| E2213 | Man. W/C access. Insert for pneumatic propulsion tire, removable, any size, each, | | NO | | NO | | | \$29.10 | |
| E2214 | Man. W/C access. Pneumatic caster tire, any size each | | NO | | NO | | | \$29.27 | |
| E2215 | Man. W/C access. Tube for pneumatic caster tire, any size each | | NO | | NO | | | \$9.19 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2216 | Man. W/C access. Foam filled propulsion tire, any size, each | Y/6 months | YES | | NO | | | M | |
| E2217 | Man. W/C access. Foam filled tire, any size each | Y/6 months | YES | | NO | | | M | |
| E2218 | Man. W/C access. Foam propulsion tire, any size each | Y/6 months | YES | | NO | | | M | |
| E2219 | Man. W/C access. Foam caster tire, any size each | | NO | | NO | | | \$34.03 | |
| E2220 | Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, each | | NO | | NO | | | \$23.19 | |
| E2221 | Man. W/C access. Solid (rubber/plastic) tire removable any size, each | | NO | | NO | | | \$24.44 | |
| E2222 | Man. WC solid caster tire (rubber or plastic) w/wheel any size, each | | NO | | NO | | | \$18.95 | |
| E2224 | Man. WC propulsion wheel, exc. Tire, each | | NO | | NO | | | \$79.74 | |
| E2225 | Man. WC access. Caster wheel excl. tire, any size, replacement only, each | | NO | | NO | | | \$15.66 | |
| E2226 | Man. WC access. Caster fork, any size, replacement only, each | | NO | | NO | | | \$34.15 | |
| E2227 | Manual W/C accessory, gear reduction drive wheel, each | Y/12 months | YES | | NO | | | \$1,255.30 | CMS code addition 1/08 rate set 8-1-08 |
| E2228 | Manual W/C accessory, wheel braking system and lock, complete, each | Y/12 months | YES | | NO | | | \$749.01 | CMS code addition 1/08 rate set 8-1-08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|---------------|---------------|---|---------------------|---------------------------|------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2230 | manual wheelchair, accessory, manual standing system, each | Y/12 months | YES | | YES | YES | M | M | CMS addition 1-1-09 |
| E2231 | manual wheelchair accessory, solid seat support base, replaces sling seat, incl. any type mounting hardware, each | Y/12 months | YES | | YES | YES | M | M | CMS addition 1-1-09 |
| E2291 | Back, planar, for ped. W/C includes fixed attaching hardware | Y/6months | YES | | Y/month | YES | M | M | |
| E2292 | Seat, planar, for ped. W/C including fixed attaching hardware | Y/6months | YES | | Y/month | YES | M | M | |
| E2293 | Back, contoured, for ped W/C including fixed attaching hardware | Y/6months | YES | | Y/month | YES | M | M | |
| E2294 | Seat , countoured for ped. W/C including fixed attaching hardware | Y/6months | YES | | Y/month | YES | M | M | |
| E2295 | manual wheelchair accessory, for pediatric size chair, dynamic seating frame, allows coordinated movement of multiple positioning features | Y/12 months | YES | | Y/month | YES | M | M | CMS addition 1-1-09 |
| E2300 | Power W/C access., power seat elevation | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2301 | Power W/C access. Power standing system | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2310 | Power W/C access. Electronic conn. Between 1 motor | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2311 | Power W/C access. Elect. Conn. Between 2 motors | Y/6 months | YES | | NO | | | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2312 | Power W/C accessory, hand or chin control interface, mini-proportional remote joystick proportional, including fixed mounting hardware | Y/12 months | YES | | NO | | | M | CMS code addition 1/08 |
| E2313 | Power W/C accessory, harness for upgrade to expandable controller, including all fasteners, connectors, and mounting hardware, each | Y/12 months | YES | | NO | | | M | CMS code addition 1/08 |
| E2321 | Power W/C access. Hand control interface | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2322 | Power W/C access. Hand control mult. Mech. Switches | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2323 | Power W/C specialty joy stick prefab | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2324 | Power W/C chin cup for chin control | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2325 | Power W/C Access. Sip and puff interface | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2326 | Power W/C breath tube kit for sip and puff | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2327 | Power W/C access. Head control interface | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2328 | Power W/C access. Head or extremity control | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2329 | Power W/C access. Head control contact switch | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2330 | Power W/C access. Head control proximity switch | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2331 | Attendant control, power w/c access., proportionOI incl. all related electronic & fixed mounting hardware, each | Y/6 months | YES | | NO | | | M | code added for coverage 7/8/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|-----------------------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2340 | Power W/C access. Nonstandard seat frame width 20-23" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2341 | Power W/C access. Nonstandard seat frame width 24-27" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2342 | Power W/C access. Nonstandard seat frame depth 20 or 21" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2343 | Power W/C access. Nonstandard seat frame depth 22-25" | Y/6 months | YES | | NO | | | MSRP-22% | |
| E2351 | Power W/C access. Electronic interface for speech gen. | Y/6 months | YES | | NO | | | \$558.90 | |
| E2359 | GR34 Sealed Lead Acid Battery for Power Wheelchair | | | up to a maximum of 2 per 24 month | NO | | | Manual pricing | CMS added 1/1/13; LIMITS CHANGED EFFECTIVE 1/1/13 |
| E2360 | Power W/C access. 22 NF non-sealed lead acid battery, each | | NO | up to a maximum of 2 per 24 month | NO | | | \$107.48 | LIMITS CHANGED EFFECTIVE 1/1/13 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|-----------------------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2361 | Power W/C access. 22NF sealed lead acid battery, each | | NO | up to a maximum of 2 per 24 month | NO | | | \$126.22 | rate change eff. DOS 4/1/09; former rate purchase \$132.49; LIMITS CHANGED EFFECTIVE 1/1/13 |
| E2362 | Power W/C access. Group 24 non-sealed lead acid battery ea. | | NO | up to a maximum of 2 per 24 month | NO | | | \$87.38 | LIMITS CHANGED EFFECTIVE 1/1/13 |
| E2363 | Power W/C access. Group 24 sealed lead acid battery each | | NO | up to a maximum of 2 per 24 month | NO | | | \$168.33 | rate change eff. DOS 4/1/09; former rate purchase \$176.70; LIMITS CHANGED EFFECTIVE 1/1/13 |
| E2364 | Power W/C accessory, U-1 non-sealed lead acid battery, ea. | | NO | up to a maximum of 2 per 24 month | NO | | | \$101.10 | LIMITS CHANGED EFFECTIVE 1/1/13 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|-----------------------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2365 | Power W/C access. U-1 sealed lead acid battery, each | | NO | up to a maximum of 2 per 24 month | NO | | | \$101.51 | rate change eff. DOS 4/1/09; former rate purchase \$106.56; LIMITS CHANGED EFFECTIVE 1/1/13 |
| E2366 | Power W/C access. Battery charger, single mode, each | | NO | | NO | | | \$238.58 | rate change eff. DOS 4/1/09; former rate purchase \$252.20 |
| E2367 | Power W/C access. Battery charger dual mode, each | | NO | 1 per 4 years | NO | | | \$379.27 | rate change 3/1/10 from \$400.93; PA removed eff. 8/1/10 |
| E2368 | Power W/C component, motor, replacement, only | | NO | | NO | | | \$464.91 | rate change 01/02/2007; PA removed for purchase eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2369 | Power W/C component, gear box, replacement only | | NO | | NO | | | \$404.14 | rate set 08/01/2007; PA for purchase removed eff. 8/1/10 |
| E2370 | Power W/C component, motor and gear box combination, replacement only | Y/6months | YES | | NO | | | \$722.56 | rate change 01/02/2007 |
| E2371 | Power WC access. Group 27 sealed lead acid battery each | | NO | | NO | | | \$135.67 | |
| E2372 | Power WC access. Group 27 non-sealed lead acid battery each | Y/6 months | YES | | NO | | | M | |
| E2373 | power WC access., hand or chin control interface, compact remote joystick, proportional, incl. fixed mounting hardware | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 CMS description change 1/08 |
| E2374 | Power WC hand or chin control, standard remote joystick, replacement only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2375 | Power WC, non-exp. Controller, replacement only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2376 | Power WC expandable controller, replacement only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|---------------|---------------|---|---------------------|---------------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2377 | Power WC expandable controller, initial upgrade only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2378 | POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY | Y/12 MONTHS | YES | | NO | | | MSRP-22% | CMS ADDED 1/1/13 |
| E2381 | Power WC pneumatic drive wheel tire, any size, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2382 | Power WC tube for pneumatic drive drive wheel tire any size, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2383 | Power WC insert for pneumatic drive wheelany type, any size, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2384 | Power WC pneumatic caster tire, any size, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2385 | Power WC tube for pneumatic tire, any size, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2386 | Power WC foam filled drive wheel, any sz. Replac. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2387 | Pwr. WC foam filled caster tire, any sz. Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2388 | Pwr. WC foam foam drive tire, any sz. Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2389 | Pwr. WC foam caster tire, any sz, repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2390 | Pwr. WC solid drive wheel, rubber/plastic, any sz. Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2391 | Pwr. WC solid caster wheel, rubber/plastic, any sz.removable Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2392 | Pwr. WC solid caster wheel, rubber/plastic,w/ integ. wheel any sz.removable Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2394 | Pwr WC access. Drive wheel excl. tires, any size repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2395 | Pwr. WC caster wheel exc. Tire, any sz. Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2396 | Pwr. WC caster fork, any sz. Repl. Only | Y/12 months | YES | | NO | | | MSRP-22% | code added to fee schedule 02/01/2007 |
| E2397 | Power W/C accessory, Lithium based battery, each | Y/12 months | YES | | NO | | | MSRP-22% | CMS code addition 1/08 |
| E2402 | Negative pressure wound therapy pump | Y/12 months | YES | | YES | YES | 1373.17 | NO | Policy clarification 7/17/08. Rental only no purchase option. |
| E2500 | speech gen. device <=8 min. recording time | Y/12 months | YES | | YES | YES | 31.29 | \$312.85 | |
| E2502 | Speech gen. device >8 min but <=20 min. recording time | Y/12 months | YES | | YES | YES | 95.67 | \$956.54 | |
| E2504 | Speech gen. device >20 min but <=40 min. recording time | Y/12 months | YES | | YES | YES | 126.19 | \$1,261.94 | |
| E2506 | Speech gen. device -dig. Speech | Y/12 months | YES | | YES | YES | 185.04 | \$1,850.37 | |
| E2508 | Speech gen. device synthesized speech | Y/12 months | YES | | YES | YES | 286.13 | \$2,861.29 | |
| E2510 | Speech gen. device synth. Speech, multiple metohds of messaging | Y/12 months | YES | | YES | YES | 647.51 | \$6,475.12 | |
| E2512 | accessory for speech gen. device | Y/12 months | YES | | YES | YES | M | M | |
| E2599 | Accessory for speech gen. device NOC | Y/12 months | YES | | YES | YES | M | M | |
| E2601 | Gen. Use W/C cushion width<22", any depth | Y/12 months | YES | | NO | | | MSRP-22% | |
| E2602 | Gen. Use W/C cushion width 22" or >, any depth | Y/12 months | YES | | NO | | | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2603 | Skin protection W/C cushion width <22" any depth | Y/12 months | YES | | NO | | | MSRP-22% | |
| E2604 | Skin protection W/C cushion width 22" or > any depth | Y/12 months | YES | | NO | | | MSRP-22% | |
| E2605 | Positioning W/C cushion width <22" any depth | Y/12 months | YES | | NO | | | MSRP-22% | |
| E2606 | Positioning W/C cushion width >22" any depth | Y/12 months | YES | | NO | | | MSRP-22% | |
| E2607 | Skin protection & positioning seat cushion, width < 22", any depth | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2608 | Skin protection & positioning seat cushion, width 22" or >, any depth | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2609 | Custom fabricated W/C seat cushion, any size | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2610 | Wheel chair seat cushion, powered | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2611 | Gen. Use W/C back cushion, width < 22", any ht. Incl. Mounting hardware | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2612 | Gen. Use W/C back cushion, width 22" or >, any ht. Incl. Mounting hardware | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2613 | Positioning W/C back cushion, posterior, Width <22", any ht. Incl. Mounting hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2614 | Positioning W/C back cushion, posterior, Width 22" or >, any ht. Incl. Mounting hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2615 | Positioning W/C back cushion,post/lateral, Width <22", any ht, Incl. Mounting Hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2616 | Positioning W/C back cushion, post/lat, width 22" or>, any ht.,Incl. Mounting Hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2617 | Custom fabricated W/C back cushion, any size, incl. Mounting Hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2619 | Replacement cover for W/C seat cushion or back cushion, each | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2620 | Positioning W/C back cushion, planar with lateral supp., width<22", Incl. Mounting Hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2621 | Positioning W/C back cushion, planar with lateral supp., width22"or >, Incl. Mounting Hdw. | Y/12 months | YES | | Y/month | YES | MSRP-22% | MSRP-22% | |
| E2622 | skin protection wheelchair seat cushion, adjustable, width< 22", any depth, each | Y/12 months | YES | | NO | | | MSRP-22% | eff. 1/1/2011 replacement code for K0734 |
| E2623 | skin protection wheelchair seat cushion, adjustable, width 22 >" or greater, any depth, each | Y/12 months | YES | | NO | | | MSRP-22% | eff. 1/1/2011 replacement code for K0735 |
| E2624 | skin protection and positioning wheelchair cushion, adjustable width <22", any depth, each | Y/12 months | YES | | NO | | | MSRP-22% | eff. 1/1/2011 replacement code for K0736 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| E2625 | skin protection and positioning wheelchair cushion, adjustable width 22 or >", any depth, each | Y/12 months | YES | | NO | | | MSRP-22% | eff. 1/1/2011 replacement code for K0737 |
| E8000 | Gait trainer, ped. Size, posterior support, incl. All Accessories and components | Y/12 months | YES | | Y/month | YES | M | M | |
| E8001 | Gait trainer, ped. Size, upright support, incl. All Accessories and components | Y/12 months | YES | | Y/month | YES | M | M | |
| E8002 | Gait trainer, ped. Size, anterior support, incl. All Accessories and components | Y/12 months | YES | | Y/month | YES | M | M | |
| K0001 | Standard wheelchair | | NO | 1 per 5 years | Y/ month | NO | 47.69 | \$476.90 | PA removed for purchase and PA removed for RR eff 8/1/10 |
| K0002 | Stnd hemi (low seat) whlchr | Y/ 6 months | YES | | Y/ month | YES | 78.28 | \$782.80 | |
| K0003 | Lightweight wheelchair | Y/ 6 months | YES | | Y/ month | YES | 72.86 | \$728.60 | |
| K0004 | High strength ltwt whlchr | Y/ 6 months | YES | | Y/ month | YES | 124.81 | \$1,248.10 | |
| K0005 | Ultralightweight wheelchair | Y/ 6 months | YES | | Y/ month | YES | 176.86 | \$1,768.60 | |
| K0006 | Heavy duty wheelchair | Y/ 6 months | YES | | Y/ month | YES | 107.22 | \$1,072.20 | |
| K0007 | Extra heavy duty wheelchair | Y/ 6 months | YES | | Y/ month | YES | 170.77 | \$1,707.70 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0009 | Other manual wheelchair base | Y/ 6 months | YES | | Y/ month | YES | MSRP-15% | MSRP-15% | |
| K0015 | Detach non-adjust hght armrst | | NO | | Y/ month | NO | 16.44 | \$164.44 | rate change eff. DOS 4/1/09; former rates purchase \$173.83, RR \$17.38; PA for purchase and PA for rental removed eff. 8/1/10 |
| K0017 | Detach adjust armrest base | | NO | | Y/ month | NO | 4.63 | \$46.25 | rate change eff. DOS 4/1/09; former rates purchase \$48.90, RR \$4.89; ; PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|----------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0018 | Detach adjust armrst upper | | NO | | Y/ month | NO | 2.58 | \$25.84 | rate change eff. DOS 4/1/09; former rates purchase \$27.31, RR \$2.73; PA for purchase and PA for RR removed eff. 8/1/10 |
| K0019 | Arm pad each | | NO | | Y/ month | NO | 1.56 | \$15.55 | rate change eff. DOS 4/1/09; former rates purchase \$16.43, RR \$1.64; PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0020 | Fixed adjust armrest pair | | NO | | Y/ month | NO | 4.21 | \$42.05 | rate change eff. DOS 4/1/09; former rates purchase \$44.44, RR \$4.44; PA for purchase and PA for RR removed eff. With reg change 7/1/10 |
| K0037 | high mount foot rest | | NO | | Y/month | NO | 3.31 | \$33.10 | rate change eff. DOS 4/1/09; former rates purchase \$39.17; rate change eff. 3/1/10 former rate \$3.70RR & \$37.04 purchase; PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|----------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0038 | Leg strap each | | NO | | NO | | | \$21.96 | rate change eff.DOS 4/1/09; former rate purchase \$23.21; |
| K0039 | Leg strap h style each | | NO | | NO | | | \$48.76 | rate change eff. DOS 4/1/09; former rate purchase \$51.54 |
| K0040 | Adjustable angle footplate | | NO | | Y/month | NO | 6.76 | \$67.58 | rate change eff.DOS 4/1/09; former rates purchase \$71.43, RR \$7.14; PA for purchase and PA for RR removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0041 | Large size footplate each | | NO | | Y/month | NO | 4.79 | \$47.89 | rate change eff. DOS 4/1/09; former rates purchase \$50.62, RR \$ 5.06; PA for purchase and PA for RR removed eff. 8/1/10 |
| K0042 | Standard size footplate each | | NO | | Y/month | NO | 3.04 | \$30.40 | rate change eff. DOS 4/1/09; former rates purchase \$32.13, RR \$3.21; PA for purchase and PA for RR removed eff. 8/1/10 |
| K0043 | Ftrst lower extension tube | | NO | | NO | | | \$17.67 | rate change eff. DOS 4/1/09; former rate purchase \$18.69 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0044 | Ftrst upper hanger bracket | | NO | | NO | | | \$15.06 | rate changeeff. DOS 4/1/09; former rate purchase \$15.92 |
| K0045 | Footrest complete assembly | | NO | | NO | | | \$51.24 | rate change eff. DOS 4/1/09; former rate purchase \$54.16 |
| K0046 | Elevat legrst low extension | | NO | | NO | | | \$17.67 | rate change eff. DOS 4/1/09; former rate purchase \$18.69 |
| K0047 | Elevat legrst up hangr brack | | NO | | NO | | | \$69.21 | rate change eff.DOS 4/1/09; former rate purchase \$73.17 |
| K0050 | Ratchet assembly | | NO | | NO | | | \$29.41 | rate change eff. DOS 4/1/09; former rate purchase \$31.09 |
| K0051 | Cam release assem ftrst/lgrst | | NO | | NO | | | \$47.61 | rate changeeff. DOS 4/1/09; former rate purchase \$50.33 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0052 | Swingaway detach footrest | | NO | | Y/month | NO | 8.37 | \$83.66 | rate change eff. DOS 4/1/09; former rate purchase \$88.43, RR \$8.84; PA for purchase and PA for RR removed eff 8/1/10 |
| K0053 | Elevate footrest articulate | | NO | | NO | | | \$92.32 | rate change eff. DOS 4/1/09; former rate purchase \$97.59 |
| K0056 | Seat ht <17 or >=21 ltwt wc | | NO | | Y/month | NO | 9.1 | \$90.98 | PA for purchase and PA for RR removed eff 8/1/10 |
| K0065 | Spoke protectors | | NO | | NO | | | \$42.54 | |
| K0069 | Rear whl complete solid tire | | NO | | NO | | | \$95.59 | |
| K0070 | Rear whl compl pneum tire | | NO | | NO | | | \$175.23 | |
| K0071 | Front castr compl pneum tire | | NO | | NO | | | \$104.51 | |
| K0072 | Frnt cstr compl sem-pneum tir | | NO | | NO | | | \$62.91 | |
| K0073 | Caster pin lock each | | NO | | NO | | | \$33.29 | |
| K0077 | Front caster assem complete | | NO | | NO | | | \$56.30 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0098 | Drive belt power wheelchair D | | NO | | NO | | | \$24.63 | rate change eff. DOS 4/1/09; former rate purchase \$26.03 |
| K0105 | IV hanger | | NO | | NO | | | \$95.12 | PA removed for purchase eff. 8/1/10 |
| K0108 | Wheelchair misc accessory NOS | Y/ 6 months | YES | | NO | | | MSRP-22% | |
| K0195 | Elevating whlchair leg rests | | NO | | Y/ month | NO | 19.07 | \$190.71 | rate change eff. DOS 4/1/09; former rates purchase\$201.60, RR \$20.16; PA for purchase and PA for RR removed eff 8/1/10 |
| K0455 | Pump uninterrupted infusion | Y/ 6 months | YES | | Y/ month | YES | 253.4 | NO | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|---------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0462 | Temporary replacement item for pt. owned equipment | Y/6 months | YES | | Y/month | YES | M | NO | code added to fee schedule 01/01/2007 This code is valid for Medicare crossovers only. Please see clarification on the DME Covered Services page |
| K0552 | Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each | | NO | | NO | | | \$2.12 | |
| K0606 | AED with integrated EKG analysis, garment, each | Y/12 months | YES | | Y/month | YES | 2268.2 | \$22,682.20 | Purchase option added eff 7/1/10 |
| K0669 | W/C accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC | Y/12 months | YES | | NO | | | MSRP-22% | description updated 7/7/08 |
| K0672 | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each | Y/12 months | YES | | NO | | | M | code activated by CMS 4-1-08 |
| K0730 | Controlled Dose Inhalation del. System effective 7/1/05 | Y/12 months | YES | | NO | | | \$1,551.60 | rate set 08/01/2007; rate adj 1/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0733 | Battery for power chair 12-24 amp new 7/1/06 | | NO | | NO | | | \$27.19 | rate set 08/01/2007; PA ended eff 12-1- 09. |
| K0738 | Prt. O2 home compressor to fill prt. Tanks incl. all supplies | Y/12 months | YES | | Y/ month | YES | 51.63 | NO | code added to fee schedule 01/01/2007 |
| K0739 | Repair of DME equipment, other than oxygen, requiring the skill of a technician, labor component, per 15 minutes. 1 unit =15 minutes | Y/12 months if PA required | YES> \$500 | | NO | | | \$13.41 | PA requirement changed to >\$500 eff 8/1/10 |
| K0800 | POV Grp 1 pt. wt. <=300 lbs | Y/12 months | YES | | Y/ month | YES | 116.35 | \$1,163.49 | code added to fee schedule 01/01/2007 |
| K0801 | POV Grp. 1 Hvy Duty. Pt. wt 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 187.58 | \$1,875.80 | code added to fee schedule 01/01/2007 |
| K0802 | POV Grp. 1 Very Hvy Duty pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 212.28 | \$2,122.79 | code added to fee schedule 01/01/2007 |
| K0806 | POV Grp. 2 stand. Pt. wt <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 140.75 | \$1,407.52 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0807 | POV, Grp. 2, Hvy. Duty 301-450 lbs | Y/12 months | YES | | Y/ month | YES | 213.58 | \$2,135.75 | code added to fee schedule 01/01/2007 |
| K0808 | POV, Grp. 2, Very Hvy. Duty 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 330.44 | \$3,304.44 | code added to fee schedule 01/01/2007 |
| K0812 | POV, NOC | Y/12 months | YES | | Y/ month | YES | M | M | code added to fee schedule 01/01/2007 |
| K0813 | Pwr. WC Grp. 1, stand., port. Sling/solid seat & back, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 200.55 | \$2,005.47 | code added to fee schedule 01/01/2007 |
| K0814 | Pwr. WC Grp. 1 stand. Port. Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 252.68 | \$2,526.84 | code added to fee schedule 01/01/2007 |
| K0815 | Pwr. WC Grp 1 stand.sling/sol. Seat & back, pt. wt <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 310.42 | \$3,104.19 | code added to fee schedule 01/01/2007 |
| K0816 | Pwr. WC Grp 1 stand. captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 296.29 | \$2,962.89 | code added to fee schedule 01/01/2007 |
| K0820 | Pwr. WC Grp 2 stand. Port. Sling/solid seat/back <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 225.86 | \$2,258.64 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|---------------|---------------|---|---------------------|---------------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0821 | Pwr. WC Grp 2 stand. Port. Captain's chair, pt wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 248.18 | \$2,481.84 | code added to fee schedule 01/01/2007 |
| K0822 | Pwr. WC Grp 2 stand. Sling/solid seat/back pt wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 352.17 | \$3,521.70 | code added to fee schedule 01/01/2007 |
| K0823 | Pwr. WC Grp 2 stand. Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 355.37 | \$3,553.65 | code added to fee schedule 01/01/2007 |
| K0824 | Pwr. WC Grp 2 Hvy duty sling/solid seat/back pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 428.31 | \$4,283.10 | code added to fee schedule 01/01/2007 |
| K0825 | Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 355.68 | \$3,556.80 | code added to fee schedule 01/01/2007 |
| K0826 | Pwr. WC Grp 2, very hvy duty, sling/solid seat/back pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 556.71 | \$5,567.13 | code added to fee schedule 01/01/2007 |
| K0827 | Pwr. WC, Grp. 2 very hvy duty, captain's chair, pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 425.31 | \$4,253.13 | code added to fee schedule 01/01/2007 |
| K0828 | Pwr. WC, Grp. 2 xhvy duty, sling/solid seat/back pt. wt. 601>lbs. | Y/12 months | YES | | Y/ month | YES | 614.2 | \$6,141.96 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0829 | Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 601 > lbs. | Y/12 months | YES | | Y/ month | YES | 506.14 | \$5,061.42 | code added to fee schedule 01/01/2007 |
| K0830 | Pwr. WC Grp. 2 stand. Seat elev. Sling/solid seat/back, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 398.33 | \$3,983.31 | code added to fee schedule 01/01/2007 |
| K0831 | Pwr. WC Grp. 2 stand. Seat elev. Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 398.33 | \$3,983.31 | code added to fee schedule 01/01/2007 |
| K0835 | Pwr. WC Grp. 2, stand. Single pwr. Opt. sling/solid seat/back pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 364.48 | \$3,644.82 | code added to fee schedule 01/01/2007 |
| K0836 | Pwr. WC Grp. 2 stand. Single pwr. Opt. Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 371.16 | \$3,711.60 | code added to fee schedule 01/01/2007 |
| K0837 | Pwr. WC Grp. 2 hvy. Duty, single pwr opt. sling/solid seat/back, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 428.31 | \$4,283.10 | code added to fee schedule 01/01/2007 |
| K0838 | Pwr. WC Grp. 2 hvy. duty, single pwr opt. Captain's chair, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 386.51 | \$3,865.14 | code added to fee schedule 01/01/2007 |
| K0839 | Pwr. WC, Grp. 2, very hvy. Duty single pwr. Opt.,sling/solid back, pt. wt. 401-600 lbs. | Y/12 months | YES | | Y/ month | YES | 556.71 | \$5,567.13 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0840 | Pwr. WC, Grp. 2, xhvy. Duty, single pwr. Opt. pt. wt. 601>lbs. | Y/12 months | YES | | Y/ month | YES | 751.55 | \$7,515.54 | code added to fee schedule 01/01/2007 |
| K0841 | Pwr. WC Grp. 2 stand.multi-pwr. Opt. sling/solid seat/back, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 390.83 | \$3,908.30 | code added to fee schedule 01/01/2007; rate change eff. DOS 4/1/09; former rates purchase \$4096.35, RR \$409.64 |
| K0842 | Pwr. WC, Grp. 2, multi-pwr., Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 390.83 | \$3,908.30 | code added to fee schedule 01/01/2007; rate change DOS 3/1/10 from purchase \$4096.35/RR \$409.64 |
| K0843 | Pwr. WC, Grp. 2, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back,pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 457.94 | \$4,579.38 | code added to fee schedule 01/01/2007 |
| K0848 | Pwr. WC Grp. 3, stand. Sling/solid seat/back, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 465.58 | \$4,655.79 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0849 | Pwr. WC, Grp. 3, stand., Captain's chair, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 447.49 | \$4,474.89 | code added to fee schedule 01/01/2007 |
| K0850 | Pwr. WC, Grp. 3, hvy. Duty, sling/solid seat/back, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 516.79 | \$5,167.89 | code added to fee schedule 01/01/2007 |
| K0851 | Pwr. WC, Grp. 3, hvy. Duty, captain's chair, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 496.73 | \$4,967.28 | code added to fee schedule 01/01/2007 |
| K0852 | Pwr. WC, Grp. 3, very hvy. Duty, sling/solid seat/back, pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 627.39 | \$6,273.90 | code added to fee schedule 01/01/2007 |
| K0853 | Pwr. WC, very hvy. Duty, captain's chair, pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 644.76 | \$6,447.60 | code added to fee schedule 01/01/2007 |
| K0854 | Pwr. WC, Grp. 3 xhvy. Duty, sling/solid seat/back, pt. wt. 601 lbs.> | Y/12 months | YES | | Y/ month | YES | 820.4 | \$8,204.04 | 01/01/2007 wt limit corrected 7/2/07 |
| K0855 | Pwr. WC, Grp. 3, xhvy duty, captain's chair, pt. wt. 601 lbs.> | Y/12 months | YES | | Y/ month | YES | 767.28 | \$7,672.77 | 01/01/2007 wt limit corrected 7/2/07 |
| K0856 | Pwr. WC, Grp. 3, stand., single pwr. Opt. sling/solid seat back, pt. wt., <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 500.52 | \$5,005.17 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|---------------|---------------|---|---------------------|---------------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0857 | Pwr. WC, Grp. 3, stand., single pwr. Opt. capt. chair pt. wt., <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 466.78 | \$4,667.76 | code added to fee schedule 01/01/2007 |
| K0858 | Pwr. WC, Grp. 3, hvy. Duty, single pwr. Opt., sling/solid seat/back, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 623.36 | \$6,233.58 | code added to fee schedule 01/01/2007 |
| K0859 | Pwr. WC, Grp. 3, single pwr. Opt., capt. Chair, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 583.45 | \$5,834.52 | code added to fee schedule 01/01/2007 |
| K0860 | Pwr. WC, Grp. 3, very hvy. Duty, sling/solid seat/back, pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 876.07 | \$8,760.69 | code added to fee schedule 01/01/2007 |
| K0861 | Pwr. WC, Grp. 3 stand., multi-pwr. Opt., sling/solid seat/back, pt. wt. <=300 lbs. | Y/12 months | YES | | Y/ month | YES | 501.31 | \$5,013.09 | code added to fee schedule 01/01/2007 |
| K0862 | Pwr. WC, Grp. 3, hvy. Duty, multi-pwr. Opt., sling/solid seat/back, pt. wt. 301-450 lbs. | Y/12 months | YES | | Y/ month | YES | 623.36 | \$6,233.58 | code added to fee schedule 01/01/2007 |
| K0863 | Pwr. WC, Grp. 3, very hvy. Duty, multi-pwr. sling/solid seat/back, pt. wt. 451-600 lbs. | Y/12 months | YES | | Y/ month | YES | 876.07 | \$8,760.69 | code added to fee schedule 01/01/2007 |
| K0864 | Pwr. WC, Grp. 3, xhvy duty, multi-pwr. opt., sling/solid seat/back, pt. wt. 600 > lbs. | Y/12 months | YES | | Y/ month | YES | 1042.5 | \$10,424.97 | code added to fee schedule 01/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|---------------|---------------|---|---------------------|---------------------------|----------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0868 | Pwr. WC, group 4 standard, sling/solid seat back, pt. wt =<300 lbs. | Y/12 months | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0869 | Pwr. WC, group 4 standard, captain's chair, pt. wt =<300 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0870 | Pwr. WC, group 4, heavy duty, sling/solid seat bak, pt wt. 301-450 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0871 | Pwr. WC, group 4, very heavy duty, sling/solid seat bak, pt wt. 451-600 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0877 | Pwr. WC, group 4, standard, single power option, sling/solid seat back, pt. wt. =<300 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0878 | Pwr. WC, group 4, standard, single power option, captain's chair, pt. wt. =<300 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0879 | Pwr. WC, group 4, heavy duty, single power option, sling/solid seat bak, pt wt. 301-450 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0880 | Pwr. WC, group 4, very heavy duty, single power option, sling/solid seat bak, pt wt. 451-600 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0884 | pwr. WC, sgroup 4, standard, multi power option, sling/solid seat back, pt. wt. =<300 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0885 | Pwr. WC, group 4, standard, multi power option, captain's chair, pt. wt. =<300 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| K0886 | Pwr. WC, group 4 heavy duty, multi power option, sling/solid seat back, pt. wt. 301-450 lbs. | | YES | | Y/ month | YES | M | M | added eff. DOS 11/1/09 and after |
| K0890 | PWR. WC. Grp.5, ped. Sling/solid seat back pt. wt. <=125 lbs. | Y/12 months | YES | | Y/ month | YES | M | M | code added to fee schedule 01/01/2007 |
| K0891 | Pwr. WC Grp. 5, ped.multi-pwr, sling/solid seat/back, pt. wt. <=125 lbs. | Y/12 months | YES | | Y/ month | YES | M | M | code added to fee schedule 01/01/2007 |
| K0898 | Pwr. Mobility device NOC | Y/12 months | YES | | Y/ month | YES | M | M | code added to fee schedule 01/01/2007 |
| K0901 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off the shelf | | Yes | | NO | | | \$860.10 | 1/1/2016 |
| K0902 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment prefabricated, off the shelf | | Yes | | NO | | | \$897.78 | 1/1/2016 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|---|---|---------------|---------------|---|---------------------|---------------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0113 | Cranial cervical orthosis, torticollis type, w/wo joint, w/o soft interface, prefab. Incl. fitting & adj. | Y/12 months | YES | | NO | | | M | CMS addition 1-1-09 |
| L0120 | Cerv flexible non-adjustable | | NO | | NO | | | \$21.60 | |
| L0130 | Flex thermoplastic collar molded to patient | Y/12 months | YES | | NO | | | \$156.19 | |
| L0140 | Cervical semi-rigid adjustab | | NO | | NO | | | \$53.90 | |
| L0150 | Cerv semi-rig adj molded chn | | NO | | NO | | | \$89.88 | |
| L0160 | Cerv semi-rig wire occ/mand | | NO | | NO | | | \$127.96 | |
| L0170 | Cervical collar molded to pt | Y/12 month | YES | | NO | | | \$541.49 | |
| L0172 | Cerv col thermplas foam 2 piece | | NO | | NO | | | \$109.80 | |
| L0174 | Cerv col foam 2 piece w thor | | NO | | NO | | | \$197.24 | |
| L0180 | Cerv post col occ/man sup adj | | NO | | NO | | | \$268.26 | |
| L0190 | Cerv collar supp adj cerv ba | | NO | 1 per year | NO | | | \$403.80 | PA removed eff. 8/1/10 |
| L0200 | Cerv col supp adj bar & thor | | NO | 1 per year | NO | | | \$370.78 | PA removed eff. 8/1/10 |
| L0220 | Thor rib belt custom fabrica | Y/12 months | YES | | NO | | | \$87.94 | |
| L0450 | TLSO flexible, provides trunk support, uper thoracic region, prefab | | NO | | NO | | | \$145.17 | |
| L0452 | TLSO flexible, provides trunk support, upper thoracic region, customized | Y/12 months | YES | | NO | | | \$271.28 | |
| L0454 | TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-9, prefab | | NO | | NO | | | \$188.81 | |
| L0455 | TLSO FLEX TRNK SJ-T9 PRE OTS | | | | | | | \$328.83 | EFF 1/1/14 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0456 | TLSO, flexible thoracic region, prefab | | YES | | NO | | | \$755.69 | ratechange 8/1/2007 |
| L0457 | TLSO FLEX TRNK SJ-SS PRE OTS | Y/12 MONTHS | YES | | | | | \$942.99 | EFF. 1/1/14 |
| L0460 | TLSO, triplanar control prefab | Y/12 months | YES | | NO | | | \$762.71 | added to fee schedule 8/13/2007 |
| L0462 | TLSO, triplanar control, prefab | Y/12 months | YES | | NO | | | \$909.58 | rate set 01/02/2007 |
| L0464 | TLSO, triplanar control 4 piece rigid plastic with interface, prefab | Y/12 months | YES | | NO | | | \$962.52 | |
| L0466 | TLSO Sagittal control, prefab | | NO | | NO | | | \$295.09 | |
| L0467 | TLSO R FRAM SOFT PRE OTS | | | | | | | \$362.39 | EFF. 1/1/14 |
| L0468 | TLSO sagittal-coronol control, rigid posterior frame | | NO | 1 per year | NO | | | \$332.39 | PA removed eff. 8/1/10 |
| L0469 | TLSO RIG FRAM PELVIC PRE OTS | | | | | | | \$454.34 | EFF. 1/1/14 |
| L0470 | TLSO triplanar control | | NO | 1 per year | NO | | | \$369.97 | PA removed eff. 8/1/10 |
| L0472 | TLSO, triplanar control, hyperextension prefab | | NO | 1 per year | NO | | | \$330.63 | PA removed eff. 8/1/10 |
| L0480 | TLSO, triplanar control, one piece rigid plastic shell | Y/12 months | YES | | NO | | | \$964.69 | rate set 01/02/2007 |
| L0482 | TLSO, triplanor, custom fabricated, one piece rigid plastic shell, each | Y/12 months | YES | | NO | | | \$1,073.89 | |
| L0484 | TLSO, triplanor control, two piece | Y/12 months | YES | | NO | | | \$1,366.56 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0486 | TLSO, triplanor control 2 piece rigid plastic with interface, custom | Y/12 months | YES | | NO | | | \$1,353.74 | |
| L0488 | TLSO triplanor, one piece, prefab | Y/12 months | YES | | NO | | | \$913.86 | rate change 3/1/10 from \$1172.02 |
| L0490 | TLSO sagittal coronal control one piece prefab | | NO | | NO | | | \$214.93 | rate change 08/01/2007; PA ended eff. 12-1- 09 |
| L0491 | TLSO 2 rigid plastic shells, pre fab | Y/12 months | YES | | NO | | | \$621.62 | |
| L0492 | TLSO 3 rigid plastic shells, pre fab | | NO | 1 per year | NO | | | \$402.87 | PA removed eff. 8/1/10 |
| L0621 | Sacroiliac orthosis, flexible, pre fab | | NO | | NO | | | \$72.17 | |
| L0622 | Sacroiliac orthosis, flexible, custom | Y/12 months | YES | | NO | | | \$195.70 | |
| L0623 | Sacroiliac orthosis, rigid or semi-rigid, pre fab | Y/12 months | YES | | NO | | | M | |
| L0624 | Sacroiliac orthosis, rigid or semi-rigid, custom | Y/12 months | YES | | NO | | | M | |
| L0625 | Lumbar orthosis, flexible, pre fab M pricing until 9/1/06 | | NO | | NO | | | \$44.60 | |
| L0626 | Lumbar orthosis, sagittal control, pre fab M pricing until 9/1/06 | | NO | | NO | | | \$63.10 | |
| L0627 | Lumbar orthosis, sagittal control with rigid ant./post. Panels, pre fab M pricing until 9/1/06 | | NO | | NO | | | \$332.72 | PA removed eff. 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | | |
|---|-----|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | | |
| HCP | PCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0628 | | Lumbar-sacral orthosis, flexible, pre fab M pricing until 9/1/06 | | NO | | NO | | | \$67.89 | |
| L0629 | | Lumbar-sacral orthosis, flexible, custom | Y/12 months | YES | | NO | | | M | |
| L0630 | | Lumbar-sacral orthosis, sag. Control, pre fab M pricing until 9/1/06 | | NO | | NO | | | \$131.07 | |
| L0631 | | Lumbar-sacral orthosis, sagittal control, pre fab M pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$830.92 | |
| L0632 | | Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom | Y/12 months | YES | | NO | | | M | |
| L0633 | | Lumbar-sacral orthosis, sag. Control, rigid post., pre fab M pricing until 9/1/06 | | NO | | NO | | | \$232.10 | |
| L0634 | | Lumbar-sacral orthosis, sag. Control, rigid post., custom | Y/12 months | YES | | NO | | | M | |
| L0635 | | Lumbar-sacral orthosis, sag-coronal control, prefab m pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$688.57 | |
| L0636 | | Lumbar-sacral orthosis, sag-coronal control, custom | Y/12 months | YES | | NO | | | \$1,143.02 | |
| L0637 | | Lumbar-sacral orthosis, sag-coronal control, rigid ant/post., prefab M pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$1,101.92 | |
| L0638 | | Lumbar-sacral orth, sag-coronal control, rigid ant./post., custom M pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$1,067.55 | |
| L0639 | | Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab M pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$1,101.92 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0640 | Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06 | Y/12 months | YES | | NO | | | \$846.98 | |
| L0641 | LO RIG POS PNL L1-L5 PRE OTS | | | | | | | \$73.91 | EFF. 1/1/14 |
| L0642 | LO SAG RI AN/POS PNL PRE OTS | | | | | | | \$389.74 | EFF. 1/1/14 |
| L0643 | LSO SAG CTR RIGI POS PRE OTS | | | | | | | \$153.53 | EFF. 1/1/14 |
| L0648 | LSO SAG R AN/POS PNL PRE OTS | Y/12 MONTHS | YES | | | | | \$973.32 | EFF. 1/1/14 |
| L0649 | LSO SC R POS/LAT PNL PRE OTS | | | | | | | \$271.88 | EFF. 1/1/14 |
| L0650 | LSO SC R ANT/POS PNL PRE OTS | Y/12 MONTHS | YES | | | | | \$1,290.74 | EFF. 1/1/14 |
| L0651 | LSO SAG-CO SHELL PNL PRE OTS | Y/12 Months | YES | | | | | \$1,290.74 | EFF. 1/1/14 |
| L0700 | Ctlso a-p-l control molded | Y/12 month | YES | | NO | | | \$1,662.23 | |
| L0710 | Ctlso a-p-l control w/ inter | Y/12 month | YES | | NO | | | \$1,814.43 | |
| L0810 | Halo cervical into jckt vest | Y/12 month | YES | | NO | | | \$1,927.56 | |
| L0820 | Halo cervical into body jack | Y/12 month | YES | | NO | | | \$1,559.32 | |
| L0830 | Halo cerv into milwaukee typ | Y/12 month | YES | | NO | | | \$2,251.49 | |
| L0970 | Tlso corset front | | NO | | NO | | | \$82.06 | |
| L0972 | Lso corset front | | NO | | NO | | | \$83.88 | |
| L0974 | Tlso full corset | | NO | | NO | | | \$171.40 | |
| L0976 | Lso full corset | | NO | | NO | | | \$153.07 | |
| L0978 | Axillary crutch extension | | NO | | NO | | | \$138.21 | |
| L0980 | Peroneal straps pair | | NO | | NO | | | \$12.53 | |
| L0982 | Stocking supp grips set of 4 | | NO | | NO | | | \$13.66 | |
| L0984 | Protective body sock each | | NO | | NO | | | \$43.58 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L0999 | Addition to spinal orthosis, NOS | Y/12 months | YES | | NO | | | M | |
| L1000 | Ctlso milwauke initial model | Y/12 month | YES | | NO | | | \$1,457.71 | |
| L1001 | Cervical TLSO, infant, prefab | YES | YES | | NO | | | M | code added 01/02/2007 |
| L1010 | Ctlso axilla sling | | NO | | NO | | | \$58.70 | |
| L1020 | Kyphosis pad | | NO | | NO | | | \$80.20 | |
| L1025 | Kyphosis pad floating | | NO | | NO | | | \$91.15 | |
| L1030 | Lumbar bolster pad | | NO | | NO | | | \$60.90 | |
| L1040 | Lumbar or lumbar rib pad | | NO | | NO | | | \$73.31 | |
| L1050 | Sternal pad | | NO | | NO | | | \$63.48 | |
| L1060 | Thoracic pad | | NO | | NO | | | \$71.59 | |
| L1070 | Trapezius sling | | NO | | NO | | | \$73.19 | |
| L1080 | Outrigger | | NO | | NO | | | \$50.71 | |
| L1085 | Outrigger bil w/ vert extens | | NO | | NO | | | \$140.90 | |
| L1090 | Lumbar sling | | NO | | NO | | | \$65.82 | |
| L1100 | Ring flange plastic/leather | | NO | | NO | | | \$116.18 | |
| L1110 | Ring flange plas/leather molded to patient | | NO | | NO | | | \$176.79 | \$196.79 former rate change effective 1/15/08; PA ended eff. 12- 1-09 |
| L1120 | Covers for upright each | | NO | | NO | | | \$31.35 | |
| L1200 | Furnsh initial orthosis only | Y/12 month | YES | | NO | | | \$1,247.80 | |
| L1210 | Lateral thoracic extension | | NO | | NO | | | \$187.88 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|----------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L1220 | Anterior thoracic extension | | NO | | NO | | | \$159.06 | |
| L1230 | Milwaukee type superstructur | | NO | | NO | | | \$408.15 | PA removed eff. 8/1/10 |
| L1240 | Lumbar derotation pad | | NO | | NO | | | \$70.25 | |
| L1250 | Anterior asis pad | | NO | | NO | | | \$69.16 | |
| L1260 | Anterior thoracic derotation pad | | NO | | NO | | | \$71.07 | |
| L1270 | Abdominal pad | | NO | | NO | | | \$70.97 | |
| L1280 | Rib gusset (elastic) each | | NO | | NO | | | \$63.28 | |
| L1290 | Lateral trochanteric pad | | NO | | NO | | | \$71.74 | |
| L1300 | Body jacket mold to patient | Y/12 month | YES | | NO | | | \$1,199.37 | |
| L1310 | Post-operative body jacket | Y/12 month | YES | | NO | | | \$1,234.16 | |
| L1499 | Spinal orthosis NOS | Y/12 month | YES | | NO | | | M | |
| L1500 | Thkao mobility frame | Y/12 month | YES | | NO | | | \$1,363.83 | |
| L1510 | Thkao standing frame | Y/12 month | YES | | NO | | | \$862.81 | |
| L1520 | Thkao swivel walker | Y/12 month | YES | | NO | | | \$2,049.32 | |
| L1600 | Abduct hip flex frejka w cvr | | NO | | NO | | | \$92.52 | |
| L1610 | Abduct hip flex frejka covr | | NO | | NO | | | \$31.52 | |
| L1620 | Abduct hip flex pavlik harne | | NO | | NO | | | \$103.81 | |
| L1630 | Abduct control hip semi-flex | | NO | | NO | | | \$123.87 | |
| L1640 | Pelv band/spread bar thigh c | | NO | | NO | | | \$331.31 | PA removed eff. 8/1/10 |
| L1650 | HO abduction hip adjustable | | NO | | NO | | | \$175.69 | |
| L1660 | HO abduction static plastic | | NO | | NO | | | \$122.87 | |
| L1680 | Pelvic & hip control thigh c | Y/12 month | YES | | NO | | | \$1,010.22 | |
| L1685 | Post-op hip abduct custom fa | Y/12 month | YES | | NO | | | \$1,065.95 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L1686 | HO post-op hip abduction | Y/12 month | YES | | NO | | | \$715.11 | |
| L1690 | Combination bilateral LS/hip/femur | Y/12 month | YES | | NO | | | \$1,492.95 | |
| L1700 | Legg perthes orth toronto typ | Y/12 month | YES | | NO | | | \$1,242.04 | |
| L1710 | Legg perthes orth newington | Y/12 month | YES | | NO | | | \$1,459.94 | |
| L1720 | Legg perthes orthosis trilat | Y/12 month | YES | | NO | | | \$1,078.46 | |
| L1730 | Legg perthes orth scottish r | Y/12 month | YES | | NO | | | \$813.69 | |
| L1755 | Legg perthes patten bottom t | Y/12 month | YES | | NO | | | \$1,184.31 | |
| L1810 | KO elastic with joints | | NO | | NO | | | \$93.48 | |
| L1812 | KO ELASTIC W/JOINTS PRE OTS | | | | | | | \$114.79 | EFF. 1/1/14 |
| L1820 | KO elas w/ condyle pads & jo | | NO | | NO | | | \$93.09 | |
| L1830 | KO immobilizer canvas longit | | NO | | NO | | | \$77.88 | |
| L1831 | KO locking knee joint pre fab incl. Fitting and adj. | Y/12 months | NO | | NO | | | \$190.58 | |
| L1832 | KO adj jnt pos rigid support | Y/12 month | YES | | NO | | | \$582.03 | |
| L1833 | KO ADJ JNT POS R SUP PRE OTS | Y/12 months | YES | | | | | \$714.77 | EFF. 1/1/14 |
| L1834 | KO w/0 joint rigid molded to | Y/12 month | YES | | NO | | | \$684.74 | |
| L1840 | KO derot ant cruciate custom | Y/12 month | YES | | NO | | | \$719.78 | |
| L1843 | KO single upright thigh & calf-prefabricated, each | Y/12 month | YES | | NO | | | \$692.73 | description updated 1/09 |
| L1844 | KO w/adj jt rot cntrl molded | Y/12 month | YES | | NO | | | \$1,200.34 | |
| L1845 | KO w/ adj flex/ext rotat cus | Y/12 month | YES | | NO | | | \$723.15 | |
| L1846 | KO w adj flex/ext rotat mold | Y/12 month | YES | | NO | | | \$906.34 | |
| L1847 | KO adjustable w air chambers | | NO | | NO | | | \$444.06 | PA removed eff. 8/1/10 |
| L1848 | KO DBL UPRIGHT W/AIR PRE OTS | Y/12 months | YES | | | | | \$545.34 | EFF. 1/1/14 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L1850 | KO swedish type | | NO | | NO | | | \$206.67 | |
| L1860 | KO supracondylar socket mold | Y/12 months | YES | | NO | | | \$801.59 | |
| L1900 | AFO sprng wir drsflx calf bd | | NO | | NO | | | \$217.15 | |
| L1902 | AFO ankle gauntlet | | NO | | NO | | | \$58.97 | |
| L1904 | AFO molded ankle gauntlet | Y/12 months | YES | | NO | | | \$337.64 | |
| L1906 | AFO multiligamentous ankle su | | NO | | NO | | | \$98.67 | |
| L1907 | supramalleolar w/straps w/wo interface/pads, custom fabricated | Y/12 months | YES | | NO | | | \$364.37 | |
| L1910 | AFO sing bar clasp attach sh | | NO | | NO | | | \$192.01 | |
| L1920 | AFO sing upright w/ adjust s | | NO | | NO | | | \$251.01 | |
| L1930 | AFO plastic or other material, includes fitting & adjustment | | NO | | NO | | | \$169.85 | |
| L1932 | AFO, rigid anterior tibial section,pre fab, incl. Fitting & adj. | Y/12 months | YES | | NO | | | \$650.05 | rate change 01/02/2007 |
| L1940 | AFO, plastic or other material custom | Y/12 months | YES | | NO | | | \$383.85 | |
| L1945 | AFO molded plas rig ant tib | Y/12 months | YES | | NO | | | \$704.90 | |
| L1950 | AFO spiral molded to pt plas | Y/12 months | YES | | NO | | | \$534.80 | |
| L1951 | spiral, IRM type, plastic or other material prefab, incl. Fitting and adj. | Y/12 months | YES | | NO | | | \$543.82 | |
| L1960 | AFO pos solid ank plastic mo; custom | Y/12 months | YES | | NO | | | \$397.98 | |
| L1970 | AFO plastic molded w/ankle j | Y/12 months | YES | | NO | | | \$588.64 | |
| L1971 | plastic or other material w/ankle joint, prefab, incl. Fitting and adj. | | NO | | NO | | | \$303.52 | PA removed eff. 8/1/10 |
| L1980 | AFO sing solid stirrup calf custom | Y/12 months | YES | | NO | | | \$263.51 | |
| L1990 | AFO doub solid stirrup calf; custom | Y/12 months | YES | | NO | | | \$338.57 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|---|---|---------------|---------------|---|---------------------|---------------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L2000 | KAFO using fre stirr thi/calf; custom | Y/12 months | YES | | NO | | | \$728.26 | |
| L2005 | KAFO any material, single or dbl. Upright includes ankle joint custom fabricated | Y/12 months | YES | | NO | | | \$2,985.10 | rate change 01/02/2007 |
| L2010 | KAFO single upright, free ankle, solid stirrup | Y/12 months | YES | | NO | | | \$663.87 | |
| L2020 | KAFO dbl solid stirrup band/ | Y/12 months | YES | | NO | | | \$838.37 | |
| L2030 | KAFO dbl solid stirrup w/o j | Y/12 months | YES | | NO | | | \$727.36 | |
| L2034 | KAFO full plastic, single upright, w/wo free motion knee,custom fabricated | Y/12 months | YES | | NO | | | \$1,560.11 | rate set 08/01/2007 |
| L2035 | KAFO plastic pediatric size | | NO | | NO | | | \$133.74 | |
| L2036 | KAFO plas doub free knee mol | Y/12 months | YES | | NO | | | \$1,332.12 | |
| L2037 | KAFO plas sing free knee mol | Y/12 months | YES | | NO | | | \$1,227.64 | |
| L2038 | KAFO w/o joint multi-axis an | Y/12 months | YES | | NO | | | \$1,026.55 | |
| L2040 | Hkafo torsion bil rot straps | | NO | | NO | | | \$131.12 | |
| L2050 | Hkafo torsion cable hip pelv; custom | Y/12 months | YES | | NO | | | \$349.21 | |
| L2060 | Hkafo torsion ball bearing j; custom | Y/12 months | YES | | NO | | | \$448.19 | |
| L2070 | Hkafo torsion unilat rot str; custom | Y/12 months | YES | | NO | | | \$128.74 | |
| L2080 | Hkafo unilat torsion cable, custom | Y/12 months | YES | | NO | | | \$274.55 | |
| L2090 | Hkafo unilat torsion ball br, custom | Y/12 months | YES | | NO | | | \$338.43 | |
| L2106 | AFO tib fx cast plaster mold, custom | Y/12 months | YES | | NO | | | \$488.18 | |
| L2108 | AFO tib fx cast molded to pt | Y/12 months | YES | | NO | | | \$767.15 | |
| L2112 | AFO tibial fracture soft, pre-fab | | NO | | NO | | | \$364.26 | PA removed eff. 8/1/10 |
| L2114 | AFO tib fx semi-rigid, pre-fab | | NO | | NO | | | \$416.75 | PA removed eff. 8/1/10 |
| L2116 | Afo tibial fracture rigid | Y/12 months | YES | | NO | | | \$549.09 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L2126 | Kafo fem fx cast thermoplas | Y/12 months | YES | | NO | | | \$976.95 | |
| L2128 | Kafo fem fx cast molded to p | Y/12 months | YES | | NO | | | \$1,231.18 | |
| L2132 | Kafo femoral fx cast soft | Y/12 months | YES | | NO | | | \$579.19 | |
| L2134 | Kafo fem fx cast semi-rigid | Y/12 months | YES | | NO | | | \$694.43 | |
| L2136 | Kafo femoral fx cast rigid | Y/12 months | YES | | NO | | | \$849.11 | |
| L2180 | Plas shoe insert w ank joint | | NO | | NO | | | \$84.08 | |
| L2182 | Drop lock knee | | NO | | NO | | | \$65.81 | |
| L2184 | Limited motion knee joint | | NO | | NO | | | \$118.59 | |
| L2186 | Adj motion knee jnt lerman t | | NO | | NO | | | \$131.41 | |
| L2188 | Quadrilateral brim | | NO | | NO | | | \$286.72 | |
| L2190 | Waist belt | | NO | | NO | | | \$74.47 | |
| L2192 | Pelvic band & belt thigh fla | | NO | | NO | | | \$256.01 | |
| L2200 | Limited ankle motion ea jnt | | NO | | NO | | | \$34.14 | |
| L2210 | Dorsiflexion assist each joi | | NO | | NO | | | \$55.40 | |
| L2220 | Dorsi & plantar flex ass/res | | NO | | NO | | | \$63.60 | |
| L2230 | Split flat caliper stirr & p | | NO | | NO | | | \$55.09 | |
| L2232 | Addt. To lower extremity orthosis, rocker bottom, custom fabricated only | Y/12 months | YES | | NO | | | \$70.38 | rate set 04/02/2007 |
| L2240 | Addt. To lower extremity orthosis, round caliper & plate attachment | | NO | | NO | | | \$60.04 | |
| L2250 | Foot plate molded stirrup at | | NO | | NO | | | \$255.13 | PA ended eff. 12-1-09 |
| L2260 | Reinforced solid stirrup | | NO | | NO | | | \$143.93 | |
| L2265 | Long tongue stirrup | | NO | | NO | | | \$84.55 | |
| L2270 | Varus/valgus strap padded/li | | NO | | NO | | | \$38.56 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|-------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L2275 | Plastic mod low ext pad/line | | NO | | NO | | | \$93.82 | |
| L2280 | Molded inner boot | Y/12 months | YES | | NO | | | \$348.55 | |
| L2300 | Abduction bar jointed adjust | | NO | | NO | | | \$196.75 | |
| L2310 | Abduction bar-straight | | NO | | NO | | | \$88.33 | |
| L2320 | Non-molded lacer | | NO | | NO | | | \$147.73 | |
| L2330 | Lacer molded to patient, custom | Y/12 months | YES | | NO | | | \$281.93 | |
| L2335 | Anterior swing band | | NO | | NO | | | \$165.85 | |
| L2340 | Pre-tibial shell molded to p | Y/12 months | YES | | NO | | | \$391.38 | |
| L2350 | Prosthetic type socket molded | Y/12 months | YES | | NO | | | \$639.78 | |
| L2360 | Extended steel shank | | NO | | NO | | | \$37.15 | |
| L2370 | Patten bottom | | NO | | NO | | | \$184.32 | |
| L2375 | Torsion ank & half solid sti | | NO | | NO | | | \$81.13 | |
| L2380 | Torsion straight knee joint; | | NO | | NO | | | \$88.39 | |
| L2385 | Straight knee joint heavy du | | NO | | NO | | | \$96.17 | |
| L2387 | Addt. to lower extremity, polycentric knee joint, for custom fabricated KAFO, each joint | | NO | | NO | | | \$153.90 | code added 6/09 eff. Date 1/1/09 |
| L2390 | Offset knee joint each | | NO | | NO | | | \$78.59 | |
| L2395 | Offset knee joint heavy duty | | NO | | NO | | | \$120.00 | |
| L2397 | Suspension sleeve lower ext | | NO | | NO | | | \$84.16 | |
| L2405 | Knee joint drop lock ea jnt | | NO | | NO | | | \$67.32 | |
| L2415 | Knee joint cam lock each joi | | NO | | NO | | | \$93.78 | |
| L2425 | Knee disc/dial lock/adj flex | | NO | | NO | | | \$110.66 | |
| L2430 | Knee jnt ratchet lock ea jnt | | NO | | NO | | | \$110.66 | |
| L2492 | Knee lift loop drop lock rin | | NO | | NO | | | \$73.22 | |
| L2500 | Thi/glut/ischia wgt bearing | | NO | | NO | | | \$226.51 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-----------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L2510 | Th/wght bear quad-lat brim m | Y/12 months | YES | | NO | | | \$606.45 | |
| L2520 | Th/wght bear quad-lat brim custom | Y/12 months | YES | | NO | | | \$330.77 | |
| L2525 | Th/wght bear m-l brim mo | Y/12 months | YES | | NO | | | \$1,134.81 | |
| L2526 | Th/wght bear m-l brim cu | Y/12 months | YES | | NO | | | \$611.66 | |
| L2530 | Thigh/wght bear lacer non-mo | | NO | | NO | | | \$168.70 | |
| L2540 | Thigh/wght bear lacer molded | Y/12 months | YES | | NO | | | \$303.55 | |
| L2550 | Thigh/wght bear high roll cu | | NO | | NO | | | \$206.21 | |
| L2570 | Hip clevis type 2 posit jnt | | NO | | NO | | | \$455.98 | PA removed eff. 8/1/10 |
| L2580 | Pelvic control pelvic sling | | NO | | NO | | | \$432.25 | PA removed eff. 8/1/10 |
| L2600 | Hip clevis/thrust bearing fr | | NO | | NO | | | \$147.46 | |
| L2610 | Hip clevis/thrust bearing lo | | NO | | NO | | | \$174.37 | |
| L2620 | Pelvic control hip heavy dut | | NO | | NO | | | \$191.98 | |
| L2622 | Hip joint adjustable flexion | | NO | | NO | | | \$220.18 | |
| L2624 | Hip adj flex ext abduct cont | | NO | | NO | | | \$299.33 | |
| L2627 | Plastic mold recipro hip & c | Y/12 months | YES | | NO | | | \$1,233.21 | |
| L2628 | Metal frame recipro hip & ca | Y/12 months | YES | | NO | | | \$1,448.65 | |
| L2630 | Pelvic control band & belt u | | NO | | NO | | | \$177.79 | |
| L2640 | Pelvic control band & belt b | | NO | | NO | | | \$241.29 | |
| L2650 | Pelv & thor control gluteal | | NO | | NO | | | \$86.17 | |
| L2660 | Thoracic control thoracic ba | | NO | | NO | | | \$133.82 | |
| L2670 | Thorac cont paraspinal uprig | | NO | | NO | | | \$122.48 | |
| L2680 | Thorac cont lat support upri | | NO | | NO | | | \$112.36 | |
| L2750 | Plating chrome/nickel pr bar | | NO | | NO | | | \$60.02 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L2755 | Addt. Lower ext.,high strength, custom fab. Only | | NO | | NO | | | \$100.89 | |
| L2760 | Extension per extension per | | NO | | NO | | | \$43.62 | |
| L2768 | Orthotic side bar, Disconnect device, each | | YES | | NO | | | \$110.02 | added eff. 10/1/10 |
| L2780 | Non-corrosive finish per bar | | NO | | NO | | | \$51.60 | |
| L2785 | Drop lock retainer each | | NO | | NO | | | \$30.34 | |
| L2795 | Knee control full kneecap | | NO | | NO | | | \$61.01 | |
| L2800 | Knee cap medial or lateral p | | NO | | NO | | | \$76.58 | |
| L2810 | Knee control condylar pad | | NO | | NO | | | \$56.08 | |
| L2820 | Soft interface below knee se | | NO | | NO | | | \$62.35 | |
| L2830 | Soft interface above knee se | | NO | | NO | | | \$70.11 | |
| L2840 | Tibial length sock fx or equ | | NO | | NO | | | \$39.13 | |
| L2850 | Femoral lgth sock fx or equa | | NO | | NO | | | \$44.46 | |
| L2861 | addt. to lower ext-joint, knee or ankle, custom only, each | Y/12 months | YES | | NO | | | M | CMS added 1/1/2010 |
| L2999 | Lower extremity orthosis NOS | Y/12 months | YES | | NO | | | M | |
| L3000 | foot insert Berkeley shell, each | | NO | | NO | | | \$247.24 | PA ended eff. 12-1-09 |
| L3001 | foot insert Spenco, each | | NO | | NO | | | \$101.20 | rate change 08/01/2007; PA ended eff. 12-1- 09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3002 | foot insert, Plastazote , each | | NO | | NO | | | \$122.72 | rate change 08/01/2008; PA ended eff. 12-1-09 |
| L3003 | foot insert, Silicone gel , each | | NO | | NO | | | \$132.38 | rate change 08/01/2009; PA ended eff. 12-1- 09 |
| L3010 | Longitudinal Arch support each | | NO | | NO | | | \$122.12 | |
| L3020 | Foot longitud/metatarsal supp | | NO | | NO | | | \$139.06 | PA ended eff. 12-1-09 |
| L3030 | Foot arch support remov prem | | NO | | NO | | | \$53.49 | PA ended eff. 12-1-09 |
| L3040 | Foot arch support remov premolded longitudinal, each | | NO | | NO | | | \$31.99 | PA ended eff. 12-1-09 |
| L3060 | Foot arch support, removable, premolded, longitudinal & horizontal, each | | | | NO | | | \$53.73 | rate set 01/02/2007; PA ended eff. 12- 1-09 |
| L3100 | Hallus-valgus night dynamic splint | | NO | | NO | | | \$30.31 | |
| L3140 | Abduction rotation bar shoe | | NO | | NO | | | \$60.69 | |
| L3150 | Abduction rotation bar w/o shoe | | NO | | NO | | | \$55.49 | |
| L3160 | Shoe styled postioning device | | NO | | NO | | | \$159.84 | PA removed eff. 8/1/10 |
| L3170 | Foot plastic heel stablizer | | NO | | NO | | | \$34.69 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | | |
|---|----|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | | |
| HCP | CS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3201 | | Oxford w supinator/pronator inf each | Y/12 months | YES | | NO | | | \$51.28 | |
| L3202 | | Oxford w supinator/pronator child each | Y/12 months | YES | | NO | | | \$80.00 | |
| L3203 | | Oxford w supinator/pronator jun each | Y/12 months | YES | | NO | | | \$73.47 | |
| L3204 | | Hightop w supp/pronator infant each | Y/12 months | YES | | NO | | | \$67.08 | |
| L3206 | | Hightop w supp/pronator child each | Y/12 months | YES | | NO | | | \$72.41 | |
| L3207 | | Hightop w supp/pronator junior each | Y/12 months | YES | | NO | | | \$76.66 | |
| L3208 | | Surgical boot, each infant | Y/12 months | YES | | NO | | | \$54.31 | |
| L3209 | | Surgical boot, each child | Y/12 months | YES | | NO | | | \$28.75 | |
| L3211 | | Surgical boot, each junior | Y/12 months | YES | | NO | | | \$35.60 | |
| L3212 | | Benesch boot pair infant | Y/12 month | YES | | NO | | | \$56.43 | |
| L3213 | | Benesch boot pair child | Y/12 month | YES | | NO | | | \$61.75 | |
| L3214 | | Benesch boot pair junior | Y/12 month | YES | | NO | | | \$67.08 | |
| L3215 | | Orthopedic ftwear ladies oxf each | Y/12 month | YES | | NO | | | \$78.94 | |
| L3216 | | Orthopedic ftwear ladies depth each | Y/12 month | YES | | NO | | | \$118.67 | |
| L3217 | | Ladies shoes hightop depth each | Y/12 month | YES | | NO | | | \$92.40 | |
| L3219 | | Orthopedic mens shoes oxford each | Y/12 month | YES | | NO | | | \$90.80 | |
| L3221 | | Orthopedic mens shoes dpth each | Y/12 month | YES | | NO | | | \$151.75 | |
| L3222 | | Mens shoes hightop depth inl each | Y/12 month | YES | | NO | | | \$111.86 | |
| L3224 | | Woman's shoe oxford brace each | Y/12 month | YES | | NO | | | \$42.22 | |
| L3225 | | Man's shoe oxford brace each | Y/12 month | YES | | NO | | | \$48.57 | |
| L3230 | | Custom shoes depth inlay each | Y/12 month | YES | | NO | | | \$308.31 | |
| L3250 | | Custom mold shoe remov prost each | Y/12 month | YES | | NO | | | \$231.77 | |
| L3251 | | Shoe molded to pt silicone s each | Y/12 month | YES | | NO | | | \$280.14 | |
| L3252 | | Shoe molded plastazote cust each | Y/12 month | YES | | NO | | | \$210.21 | |
| L3253 | | Shoe molded plastazote cust each | Y/12 month | YES | | NO | | | \$99.94 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3254 | Orth foot non-std size/w | Y/12 month | YES | | NO | | | \$149.07 | |
| L3255 | Orth foot non-std size/w | Y/12 month | YES | | NO | | | \$42.59 | |
| L3257 | Orth foot add charge split | Y/12 month | YES | | NO | | | \$95.83 | |
| L3260 | Ambulatory surgical boot each | | NO | | NO | | | \$22.03 | |
| L3265 | Plastazole sandal each | | NO | | NO | | | \$25.00 | |
| L3300 | Lift, Elevation Heel, Tapered to Metata | | NO | | NO | | | \$44.00 | |
| L3310 | Shoe lift elev heel/sole neo | | NO | | NO | | | \$61.84 | rate change 08/01/2007; PA ended eff. 12-1- 09 |
| L3320 | shoe lift elev heel/sole cor | | NO | | NO | | | \$67.38 | PA ended eff. 12-1-09 |
| L3330 | Lift elevation, metal extension, (skate) each | YES | YES | | NO | | | \$515.21 | Added effective 7- 1-10 with M pricing; rate set 11-1-10 |
| L3332 | Shoe lift inside tapered up to 1/2 inch | | NO | | NO | | | \$51.16 | former rate \$45.00 change eff. 1/15/08; PA ended eff. 12-1-09 |
| L3334 | Shoe, lift elevation, heel, per inch, each | | NO | | NO | | | \$26.74 | PA removed eff. 8/1/10 |
| L3340 | shoe wedge sach | | NO | | NO | | | \$59.73 | PA removed 12/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3350 | shoe sole wedge | | NO | | NO | | | \$16.05 | PA ended eff. 12-1-09 |
| L3360 | shoe sole wedge outside sole | | NO | | NO | | | \$24.96 | PA ended eff. 12-1-09 |
| L3370 | shoe sole wedge between sole | | NO | | NO | | | \$34.77 | PA ended eff. 12-1-09 |
| L3380 | shoe clubfoot wedge | | NO | | NO | | | \$34.77 | PA ended eff. 12-1-09 |
| L3390 | shoe outflare wedge | | NO | | NO | | | \$39.04 | PA ended eff. 12-1-09 |
| L3400 | shoe metatarsal bar wedge | | NO | | NO | | | \$28.53 | PA ended eff. 12-1-09 |
| L3410 | shoe metatarsal bar between | | NO | | NO | | | \$65.07 | PA ended eff. 12-1-09 |
| L3420 | full sole/heel wedge btween | | NO | | NO | | | \$38.33 | PA ended eff. 12-1-09 |
| L3430 | shoe heel count plast reinforc | | NO | | NO | | | \$112.32 | PA ended eff. 12-1-09 |
| L3440 | heel leather reinforced | | NO | | NO | | | \$53.49 | PA ended eff. 12-1-09 |
| L3450 | shoe heel sach cushion type | | NO | | NO | | | \$73.99 | PA ended eff. 12-1-09 |
| L3455 | shoe heel new leather standard | | NO | | NO | | | \$32.04 | PA ended eff. 12-1-09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3460 | shoe heel new rubber standard | | NO | | NO | | | \$27.02 | PA ended eff. 12-1-09 |
| L3465 | shoe heel thomas with wedge | | NO | | NO | | | \$41.01 | PA ended eff. 12-1-09 |
| L3470 | shoe heel thomas extend to B | | NO | | NO | | | \$43.68 | PA ended eff. 12-1-09 |
| L3480 | shoe heel pad &depress for | | NO | | NO | | | \$43.68 | PA ended eff. 12-1-09 |
| L3485 | shoe heel pad removeable for | | NO | | NO | | | \$19.00 | PA ended eff. 12-1-09 |
| L3500 | ortho shoe add leather insol | | NO | | NO | | | \$20.50 | PA ended eff. 12-1-09 |
| L3510 | orthopedic shoe add rub insl | | NO | | NO | | | \$20.50 | PA ended eff. 12-1-09 |
| L3520 | ortho shoe add felt w leather insol | | NO | | NO | | | \$22.29 | PA ended eff. 12-1-09 |
| L3530 | ortho shoe add half sole | | NO | | NO | | | \$22.29 | PA ended eff. 12-1-09 |
| L3540 | ortho shoe add full sole | | NO | | NO | | | \$35.66 | PA ended eff. 12-1-09 |
| L3550 | ortho shoe add standard toe tap | | NO | | NO | | | \$7.01 | PA ended eff. 12-1-09 |
| L3560 | ortho shoe add horseshoe toe tap | | NO | | NO | | | \$18.02 | PA ended eff. 12-1-09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3570 | ortho shoe add instep extension | | NO | | NO | | | \$67.06 | PA ended eff. 12-1-09 |
| L3580 | ortho shoe add instep velcro clos | | NO | | NO | | | \$51.04 | PA ended eff. 12-1-09 |
| L3590 | ortho shoe convert firm to soft count | | NO | | NO | | | \$42.04 | PA ended eff. 12-1-09 |
| L3595 | ortho shoe add march bar | | NO | | NO | | | \$30.56 | PA ended eff. 12-1-09 |
| L3600 | Trans shoe calip plate exist | | NO | | NO | | | \$60.06 | |
| L3610 | Trans shoe caliper plate new | | NO | | NO | | | \$79.08 | |
| L3620 | Trans shoe solid stirrup existing | | NO | | NO | | | \$60.06 | |
| L3630 | Trans shoe solid stirrup new | | NO | | NO | | | \$79.08 | |
| L3640 | Shoe Dennis Browne splint both | | NO | | NO | | | \$34.03 | |
| L3649 | orthopedic shoe modification NOS | Y/12 months | YES | | NO | | | M | |
| L3650 | Shlder fig 8 abduct restrain | | NO | | NO | | | \$42.06 | |
| L3660 | Abduct restrainer canvas&web | | NO | | NO | | | \$72.21 | |
| L3670 | Acromio/clavicular canvas&we | | NO | | NO | | | \$100.66 | |
| L3671 | Shoulder othosis, cap design w/o joints | Y/12 months | YES | | NO | | | \$623.06 | added to fee schedule7/26/07 |
| L3675 | Canvas vest SO | | NO | | NO | | | \$123.30 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|---|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3678 | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf | | Yes | | No | | | Manually priced - Manufacturer's Invoice price plus twenty (20) percent | Added to Fee Schedule 1/1/2015 |
| L3702 | elbow orthosis w/o joints, may include soft interface, straps, custom fabricated incl. fitting & adj. | Y/12 months | YES | | NO | | | M | added to fee schedule 03/08 with effective DOS 5/1/07 |
| L3710 | Elbow elastic with metal joi | | NO | | NO | | | \$101.87 | |
| L3720 | Forearm/arm cuffs free motio | Y/12 month | YES | | NO | | | \$508.23 | |
| L3730 | Forearm/arm cuffs ext/flex a | Y/12 month | YES | | NO | | | \$669.04 | |
| L3740 | Cuffs adj lock w/ active con | Y/12 month | YES | | NO | | | \$751.88 | |
| L3760 | Elbow orthosis, adj position locking joints, prefab, inc fitting and adj | | NO | | NO | | | \$335.71 | PA removed eff. 8/1/10 |
| L3762 | Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/adj. | | NO | | NO | | | \$63.37 | |
| L3763 | elbow wrist hand orthosis rigid w/o joints custom fab incl. fitting & adj. | Y/12 months | YES | | NO | | | \$501.18 | code added to fee schedule 10/12/07 former rate \$886.65 change eff. 1/15/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3806 | WHFO, incl. 1 or more nontorsion joints. Custom | Y/12 months | YES | | NO | | | \$376.35 | code added to fee schedule 01/02/2007; rate set eff. 1/15/08 rate adj. 8/1/08 from \$286.74; rate change eff. DOS 4/1/09; former rate purchase \$517.69 |
| L3807 | WHFO w/o joints, prefab includes fitting and adjustments any type | | NO | | NO | | | \$175.69 | |
| L3808 | WHFO, rigid w/o joints, custom, | Y/12 months | YES | | NO | | | \$276.74 | rate set 08/01/2007; rate adj. 8/1/08 from \$195.15; rate change 3/1/10 from \$488.89 |
| L3809 | WHFO W/O JOINTS PRE OTS | | | | | | | \$215.77 | EFF. 1/1/14 |
| L3891 | Addt. to upper ext. joint, wrist, or elbow, custom fabricated only, each | Y/12 minths | YES | | NO | | | M | CMS added 1/1/2010 |
| L3900 | Hinge extension/flex wrist/f | Y/12 month | YES | | NO | | | \$1,097.63 | |
| L3901 | Hinge ext/flex wrist finger | Y/12 month | YES | | NO | | | \$1,230.73 | |
| L3904 | Whfo electric custom fitted | Y/12 month | YES | | NO | | | \$2,505.44 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3905 | wrist/hand orthosis custom | Y/12 months | YES | | NO | | | \$301.89 | code added to fee schedule 04/02/2007 rate set 08/01/2007; rate adj. eff. 8/1/08 from \$685.74 |
| L3906 | Wrist hand orthosis, w/o joints, custom | Y/12 months | YES | | NO | | | \$296.41 | |
| L3907 | Whfo wrist gauntlt thmb spica | | | | | | | CMS DC | 1/08 |
| L3908 | Wrist cock-up non-molded | | NO | | NO | | | \$42.10 | |
| L3912 | Flex glove w/elastic finger | | NO | | NO | | | \$67.55 | |
| L3913 | Hand finger orthosis, w/o joints, may include soft interface, straps, custom fabricated, incl fitting & adjustment, each | Y/12 months | YES | | NO | | | \$170.97 | added to fee schedule 8-8-08 for DOS 4-1-08 and after |
| L3915 | WHFO, rigid with 1 or more joints, prefab, | | NO | | NO | | | \$367.58 | PA removed eff. 8/1/10 |
| L3916 | WHO NONTORSION JNTS PRE OTS | | | | | | | \$458.68 | EFF. 1/1/14 |
| L3917 | hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and adj. | | NO | | NO | | | \$62.25 | |
| L3918 | METACARP FX ORTHOSIS PRE OTS | | | | | | | \$91.15 | EFF. 1/1/14 |
| L3923 | Hand finger orthosis, without joint, prefab, inc fitting and adj | | NO | | NO | | | \$54.91 | former rate \$27.35 change eff. 1/15/08 |
| L3924 | HFO WITHOUT JOINTS PRE OTS | | | | | | | \$75.06 | EFF. 1/1/14 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3925 | Finger orthosis, PIP/DIP, non-torsion joint/spring, ext./flex., pre-fab, incl fitting & adj., each | | NO | | NO | | | \$33.35 | CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated. |
| L3927 | Finger orthosis, PIP/DIP, non-torsion w/o joint/spring, ext./flex., pre-fab, incl fitting & adj., each | | | | NO | | | \$22.09 | CMS code addition 1/08; rate set 8/1/08; PA removed 12/09 |
| L3929 | Hand finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/spring, straps, pre-fab, incl. fitting & adj., each | | NO | | NO | | | \$53.14 | CMS code addition 1/08 rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated. |
| L3930 | HFO NONTORSION JNTS PRE OTS | | | | | | | \$72.64 | EFF. 1/1/14 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|----------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3931 | Wrist, hand, finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/springs, straps, pre-fab, incl. fitting & adj., each | | NO | | NO | | | \$128.55 | CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated. |
| L3933 | Finger orthosis, w/o joints, may include soft interface, custom fabricated, incl. fitting & adjustment, each | Y/12 months | YES | | NO | | | \$176.79 | code added 5/10 |
| L3956 | addt. Of joint to upper ext orth. any material, per joint | Y/12 months | YES | | NO | | | M | 39174 |
| L3960 | Sewho airplan desig abdu pos | Y/12 month | YES | | NO | | | \$579.15 | |
| L3962 | Sewho erbs palsey design abd | Y/12 month | YES | | NO | | | \$603.04 | |
| L3964 | Seo mobile arm sup att to wc | Y/12 month | YES | | Y/ month | YES | 59.42 | \$594.21 | |
| L3965 | Arm supp att to wc rancho ty | Y/12 month | YES | | Y/ month | YES | 94.82 | \$948.19 | |
| L3966 | Mobile arm supports reclinin | Y/12 month | YES | | Y/ month | YES | 63.21 | \$632.12 | |
| L3968 | Friction dampening arm supp | Y/12 month | YES | | Y/ month | YES | 87.87 | \$878.65 | |
| L3969 | Monosuspension arm/hand supp | Y/12 month | YES | | Y/ month | YES | 63.21 | \$632.12 | |
| L3970 | Elevat proximal arm support | | NO | | NO | | | \$252.86 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L3971 | SEHWO, shoulder cap design, custom fabricated | Y/12 months | YES | | NO | | | \$1,248.33 | code added to fee schedule 01/02/2007 |
| L3972 | Offset/lat rocker arm w/ ela | | NO | | NO | | | \$160.79 | |
| L3974 | Mobile arm support supinator | | NO | | NO | | | \$128.59 | |
| L3980 | Upp ext fx orthosis humeral | | NO | | NO | | | \$217.21 | |
| L3981 | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments | | Yes | | NO | | | \$878.03 | 1/1/2016 |
| L3982 | Upper ext fx orthosis rad/ul | | NO | | NO | | | \$268.36 | |
| L3984 | Upper ext fx orthosis wrist | | NO | | NO | | | \$286.46 | |
| L3995 | Add. To upper ext. sock, fracture, or equal, each | | NO | | NO | | | \$24.05 | |
| L3999 | Upper limb orthosis, not otherwise specified | Y/12 month | YES | | NO | | | M | |
| L4000 | Repl girdle milwaukee orth | Y/12 month | YES | | NO | | | \$936.66 | |
| L4002 | Replacement strap, any orthosis, includes all components, any lgth., any type | Y/12months | YES | | NO | | | M | |
| L4010 | Replace trilateral socket brim | Y/12 month | YES | | NO | | | \$527.10 | |
| L4020 | Replace quadlat socket brim | Y/12 month | YES | | NO | | | \$658.39 | |
| L4030 | Replace socket brim cust fit | Y/12 month | YES | | NO | | | \$362.50 | |
| L4040 | Replace molded thigh lacer | Y/12 month | YES | | NO | | | \$293.09 | |
| L4045 | Replace non-molded thigh lac | | NO | | NO | | | \$235.52 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L4050 | Replace molded calf lacer | Y/12 month | YES | | NO | | | \$296.42 | |
| L4055 | Replace non-molded calf lace | | NO | | NO | | | \$191.94 | |
| L4060 | Replace high roll cuff | | NO | | NO | | | \$228.18 | |
| L4070 | Replace prox & dist upright | | NO | | NO | | | \$217.71 | |
| L4080 | Repl met band kafo-afo prox | | NO | | NO | | | \$76.74 | |
| L4090 | Repl met band kafo-afo calf/ | | NO | | NO | | | \$67.93 | |
| L4100 | Repl leath cuff kafo prox th | | NO | | NO | | | \$76.62 | |
| L4110 | Repl leath cuff kafo-afo cal | | NO | | NO | | | \$60.89 | |
| L4130 | Replace pretibial shell | | NO | | NO | | | \$419.07 | PA removed eff. 8/1/10 |
| L4205 | Repair orthotic device per 15 min labor | Y/12 months if PA required | YES > \$500 | | NO | | | \$10.00 | PA requirement raised eff 8/1/10 |
| L4210 | repair or replace minor parts | Y/12 months if PA required | YES > \$500 | | NO | | | \$32.03 | PA requirement raised eff 8/1/10 |
| L4350 | Pneumatic ankle cntrl splint | | NO | | NO | | | \$75.50 | |
| L4360 | Pneumatic walking splint | | NO | | NO | | | \$211.22 | |
| L4361 | PNEUMA/VAC WALK BOOT PRE OTS | | | | | | | \$259.40 | EFF. 1/1/14 |
| L4370 | Pneumatic full leg splint | | NO | | NO | | | \$135.55 | |
| L4380 | Pneumatic knee splint | | NO | | NO | | | \$83.11 | |
| L4386 | Non-pneumatic walking boot | | NO | | NO | | | \$109.98 | former rate \$83.11 change eff. 1/15/08 |
| L4387 | NON-PNEUM WALK BOOT PRE OTS | | | | | | | \$150.33 | EFF. 1/1/14 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L4394 | Replacement Foot Drop Splint | | NO | | NO | | | \$13.13 | |
| L4396 | Static AFO | | NO | | NO | | | \$129.57 | |
| L4397 | STATIC OR DYNAMI AFO PRE OTS | | | | | | | \$159.14 | EFF. 1/1/14 |
| L4398 | Foot drop splint recumbent | | NO | | NO | | | \$59.63 | |
| L5000 | Sho insert w arch toe filler | Y/12 month | YES | | NO | | | \$404.82 | |
| L5010 | Mold socket ank hgt w/ toe f | Y/12 month | YES | | NO | | | \$977.72 | |
| L5020 | Tibial tubercle hgt w/ toe f | Y/12 month | YES | | NO | | | \$1,660.43 | |
| L5050 | Ank symes mold sckt sach ft | Y/12 month | YES | | NO | | | \$1,836.74 | |
| L5060 | Symes met fr leath socket ar | Y/12 month | YES | | NO | | | \$2,112.77 | |
| L5100 | Molded socket shin sach foot | Y/12 month | YES | | NO | | | \$1,840.79 | |
| L5105 | Plast socket jts/thgh lacer | Y/12 month | YES | | NO | | | \$2,657.36 | |
| L5150 | Mold sckt ext knee shin sach | Y/12 month | YES | | NO | | | \$2,686.23 | |
| L5160 | Mold socket bent knee shin s | Y/12 month | YES | | NO | | | \$2,921.76 | |
| L5200 | Knee sing axis fric shin sach | Y/12 month | YES | | NO | | | \$2,797.99 | |
| L5210 | No knee/ankle joints w/ ft b | Y/12 month | YES | | NO | | | \$1,856.19 | |
| L5220 | No knee joint with artic ali | Y/12 month | YES | | NO | | | \$2,109.89 | |
| L5230 | Fem focal defic constant fri | Y/12 month | YES | | NO | | | \$2,909.97 | |
| L5250 | Hip canadian sing axi cons fric | Y/12 month | YES | | NO | | | \$3,968.93 | |
| L5270 | Tilt table locking hip sing | Y/12 month | YES | | NO | | | \$3,951.32 | |
| L5280 | Hemipelvect canadian sing axis | Y/12 month | YES | | NO | | | \$3,921.05 | |
| L5301 | Below Knee molded socket, shin each foot, endosketal system | Y/12 month | YES | | NO | | | \$2,205.98 | |
| L5311 | Knee disarticulation , molded socket, external knee joints, shin,sach foot endo | Y/12 month | YES | | NO | | | \$2,964.15 | rate change 08/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5321 | Above Knee, molded socket, open end, sach foot, endoskelttal system, single axis knee | Y/12 month | YES | | NO | | | \$3,197.63 | |
| L5331 | Hip disarticulation, Canadian type, molded socket endoskeletal system, hip joint, single | Y/12 month | YES | | NO | | | \$3,824.67 | rate change 08/01/2007 |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal hip joint single axis knee | Y/12 month | YES | | NO | | | \$3,981.49 | rate change 08/01/2007 |
| L5400 | Postop dress & 1 cast chg bk | Y/12 month | YES | | NO | | | \$1,041.72 | |
| L5410 | Postop dsg bk ea add cast ch | Y/12 month | YES | | NO | | | \$319.61 | |
| L5420 | Postop dsg & 1 cast chg ak/d | Y/12 month | YES | | NO | | | \$1,276.60 | |
| L5430 | Postop dsg ak ea add cast ch | Y/12 month | YES | | NO | | | \$384.93 | |
| L5450 | Postop app non-wgt bear dsg | Y/12 month | YES | | NO | | | \$313.15 | |
| L5460 | Postop app non-wgt bear dsg | Y/12 month | YES | | NO | | | \$417.21 | |
| L5500 | Init bk ptb plaster direct | Y/12 month | YES | | NO | | | \$982.44 | |
| L5505 | Init ak ischal plstr direct | Y/12 month | YES | | NO | | | \$1,358.73 | |
| L5510 | Prep BK ptb plaster molded | Y/12 month | YES | | NO | | | \$1,113.65 | |
| L5520 | Perp BK ptb thermopls direct | Y/12 month | YES | | NO | | | \$1,100.03 | |
| L5530 | Prep BK ptb thermopls molded | Y/12 month | YES | | NO | | | \$1,321.24 | |
| L5535 | Prep BK ptb open end socket | Y/12 month | YES | | NO | | | \$1,279.19 | |
| L5540 | Prep BK ptb laminated socket | Y/12 month | YES | | NO | | | \$1,384.52 | |
| L5560 | Prep AK ischial plast molded | Y/12 month | YES | | NO | | | \$1,486.72 | |
| L5570 | Prep AK ischial direct form | Y/12 month | YES | | NO | | | \$1,545.67 | |
| L5580 | Prep AK ischial thermo mold | Y/12 month | YES | | NO | | | \$1,804.46 | |
| L5585 | Prep AK ischial open end | Y/12 month | YES | | NO | | | \$2,220.69 | |
| L5590 | Prep AK ischial laminated | Y/12 month | YES | | NO | | | \$1,838.87 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|------------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5595 | Hip disartic sac thermopls | Y/12 month | YES | | NO | | | \$3,248.61 | |
| L5600 | Hip disartic sac laminat mold | Y/12 month | YES | | NO | | | \$3,492.11 | |
| L5610 | Above knee hydracadece | Y/12 month | YES | | NO | | | \$1,583.72 | |
| L5611 | Ak 4 bar link w/fric swing | Y/12 month | YES | | NO | | | \$1,232.45 | |
| L5613 | Ak 4 bar ling w/hydraul swig | Y/12 month | YES | | NO | | | \$1,926.89 | |
| L5614 | 4-bar link above knee w/swng | Y/12 month | YES | | NO | | | \$1,305.33 | |
| L5616 | Ak univ multiplex sys frict | Y/12 month | YES | | NO | | | \$1,041.28 | |
| L5617 | AK/BK self-aligning unit ea | | NO | | NO | | | \$432.81 | PA removed eff 8/1/10 |
| L5618 | Test socket symes | Y/12 months | NO | | NO | | | \$228.97 | PA removed effective 8-1-08. |
| L5620 | Test socket below knee | | NO | | NO | | | \$212.67 | |
| L5622 | Test socket knee disarticula | | NO | | NO | | | \$277.31 | |
| L5624 | Test socket above knee | | NO | | NO | | | \$278.10 | |
| L5626 | Test socket hip disarticulat | | NO | | NO | | | \$364.71 | PA removed eff 8/1/10 |
| L5628 | Test socket hemipelvectomy | | NO | | NO | | | \$389.97 | PA removed eff 8/1/10 |
| L5629 | Below knee acrylic socket | | NO | | NO | | | \$243.10 | |
| L5630 | Syme typ expandabl wall sckt | | NO | | NO | | | \$343.30 | PA removed eff 8/1/10 |
| L5631 | Ak/knee disartic acrylic soc | | NO | | NO | | | \$336.10 | PA removed eff 8/1/10 |
| L5632 | Symes type ptb brim design s | | NO | | NO | | | \$187.58 | |
| L5634 | Symes type poster opening so | | NO | | NO | | | \$232.68 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|-------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5636 | Symes type medial opening so | | NO | | NO | | | \$194.91 | |
| L5637 | Below knee total contact | | NO | | NO | | | \$220.98 | |
| L5638 | Below knee leather socket | | NO | | NO | | | \$384.95 | PA removed eff 8/1/10 |
| L5639 | Below knee wood socket | Y/12 month | YES | | NO | | | \$857.64 | |
| L5640 | Knee disarticulat leather so | | NO | | NO | | | \$489.13 | PA removed eff 8/1/10 |
| L5642 | Above knee leather socket | | NO | | NO | | | \$473.93 | PA removed eff 8/1/10 |
| L5643 | Hip flex inner socket ext fr | Y/12 month | YES | | NO | | | \$1,190.58 | |
| L5644 | Above knee wood socket | | NO | | NO | | | \$451.81 | PA removed eff 8/1/10 |
| L5645 | Ak flexibl inner socket ext | Y/12 month | YES | | NO | | | \$610.34 | |
| L5646 | Below knee air cushion socket | | NO | | NO | | | \$419.12 | PA removed eff 8/1/10 |
| L5647 | Below knee suction socket | Y/12 month | YES | | NO | | | \$608.48 | |
| L5648 | Above knee air cushion socket | Y/12 month | YES | | NO | | | \$503.62 | |
| L5649 | Isch containmt/narrow m-l so | Y/12 month | YES | | NO | | | \$1,824.88 | |
| L5650 | Tot contact ak/knee disart s | | NO | | NO | | | \$373.43 | PA removed eff 8/1/10 |
| L5651 | Ak flex inner socket ext fra | Y/12 month | YES | | NO | | | \$918.63 | |
| L5652 | Suction susp ak/knee disart | | NO | | NO | | | \$333.50 | PA removed eff 8/1/10 |
| L5653 | Knee disart expand wall sock | | NO | | NO | | | \$445.19 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5654 | Socket insert symes | | NO | | NO | | | \$253.68 | |
| L5655 | Socket insert below knee | | NO | | NO | | | \$214.98 | |
| L5656 | Socket insert knee articulat | | NO | | NO | | | \$288.41 | |
| L5658 | Socket insert above knee | | NO | | NO | | | \$278.13 | |
| L5661 | Multi-durometer symes | | NO | | NO | | | \$465.50 | PA removed eff 8/1/10 |
| L5665 | Multi-durometer below knee | | NO | | NO | | | \$391.67 | PA removed eff 8/1/10 |
| L5666 | Below knee cuff suspension | | NO | | NO | | | \$53.55 | |
| L5668 | Socket insert w/o lock lower | | NO | | NO | | | \$86.37 | |
| L5670 | Bk molded supracondylar susp | Y/12 months | YES | | NO | | | \$207.57 | |
| L5671 | Addition to lower extremity, below knee/above knee suspension locking mechanism | | NO | | NO | | | \$432.87 | PA removed eff 8/1/10 |
| L5672 | Bk removable medial brim sus | | NO | | NO | | | \$228.10 | PA removed eff 12/09 |
| L5673 | below knee/above knee socket insert, silicone gel or elastomeric w/locking mech, custom | Y/12 month | YES | | NO | | | \$456.19 | |
| L5676 | Bk knee joints single axis pair | | NO | | NO | | | \$277.19 | PA removed eff 8/1/10 |
| L5677 | Bk knee joints polycentric pair | | NO | | NO | | | \$377.16 | PA removed eff 8/1/10 |
| L5678 | Bk joint covers pair | Y/12 month | NO | | NO | | | \$30.37 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5679 | below knee/above knee socket insert, silicone gel or elastomeric no locking mech, custom | Y/12 month | YES | | NO | | | \$380.15 | |
| L5680 | Bk thigh lacer non-molded | | NO | | NO | | | \$253.53 | |
| L5681 | below knee/above knee, custom fab. Socket inset initial only for cong. Or atypical | Y/12 months | YES | | NO | | | \$853.43 | |
| L5682 | Bk thigh lacer glut/ischia molded | Y/12 month | YES | | NO | | | \$478.39 | |
| L5683 | below knee/above knee, custom fab, socket inset, initial only not cong.or atypical | Y/12 month | YES | | NO | | | \$853.43 | |
| L5684 | Bk fork strap | | NO | | NO | | | \$36.81 | |
| L5685 | Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any mat. Each | | NO | | NO | | | \$93.48 | rate set 01/02/2007 |
| L5686 | below knee back check extension control | | NO | | NO | | | \$39.08 | |
| L5688 | Bk waist belt webbing | | NO | | NO | | | \$46.72 | |
| L5690 | Bk waist belt padded and lin | | NO | | NO | | | \$74.85 | |
| L5692 | Ak pelvic control belt light | | NO | | NO | | | \$101.64 | |
| L5694 | Ak pelvic control belt pad/l | | NO | | NO | | | \$138.77 | |
| L5695 | Ak sleeve susp neoprene/equa | | NO | | NO | | | \$128.11 | |
| L5696 | Ak/knee disartic pelvic join | | NO | | NO | | | \$141.54 | |
| L5697 | Ak/knee disartic pelvic band | | NO | | NO | | | \$61.41 | |
| L5698 | Ak/knee disartic silesian ba | | NO | | NO | | | \$100.41 | |
| L5699 | Shoulder harness | | NO | | NO | | | \$180.89 | |
| L5700 | Replace socket below knee | Y/12 month | YES | | NO | | | \$2,191.70 | |
| L5701 | Replace socket above knee | Y/12 month | YES | | NO | | | \$2,632.07 | |
| L5702 | Replace socket hip | Y/12 month | YES | | NO | | | \$3,329.96 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5704 | Custom shape covr below knee | Y/12 month | YES | | NO | | | \$410.01 | |
| L5705 | Custom shape cover above knee | Y/12 month | YES | | NO | | | \$732.61 | |
| L5706 | Custom shape cvr knee disart | Y/12 month | YES | | NO | | | \$718.17 | |
| L5707 | Custom shape cover hip disart | Y/12 month | YES | | NO | | | \$946.80 | |
| L5710 | Knee-shin exo sng axi mnl loc | | NO | | NO | | | \$286.07 | PA removed 12/09 |
| L5711 | Knee-shin exo mnl lock ultra | | NO | | NO | | | \$399.82 | PA removed eff 8/1/10 |
| L5712 | Knee-shin exo frict swg & st | | NO | | NO | | | \$335.03 | PA removed eff 8/1/10 |
| L5714 | Knee-shin exo variable frict | | NO | | NO | | | \$344.12 | PA removed eff 8/1/10 |
| L5716 | Knee-shin exo mech stance ph | Y/12 month | YES | | NO | | | \$557.52 | |
| L5718 | Knee-shin exo frct swg & sta | Y/12 month | YES | | NO | | | \$696.84 | |
| L5722 | Knee-shin pneum swg frct exo | Y/12 month | YES | | NO | | | \$736.18 | |
| L5724 | Knee-shin exo fluid swing ph | Y/12 month | YES | | NO | | | \$1,154.61 | |
| L5726 | Knee-shin ext jnts fld swg e | Y/12 month | YES | | NO | | | \$1,330.67 | |
| L5728 | Knee-shin fluid swg & stance | Y/12 month | YES | | NO | | | \$1,820.17 | |
| L5780 | Knee-shin pneum/hydra pneum | Y/12 month | YES | | NO | | | \$875.78 | |
| L5781 | Addt. to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Y/12 month | YES | | NO | | | M | added 1/1/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------------|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5782 | Addt. To lower leg prosth. Vacuum | Y/12 months | YES | | NO | | | \$3,211.21 | added to fee schedule 01/02/2007 rate set 08/01/2007 |
| L5785 | Exoskeletal bk ultralt mater | | NO | | NO | | | \$492.30 | PA removed eff 8/1/10 |
| L5790 | Exoskeletal ak ultra-light m | Y/12 month | YES | | NO | | | \$550.01 | |
| L5795 | Exoskel hip ultra-light mate | Y/12 month | YES | | NO | | | \$1,095.08 | |
| L5810 | Endoskel knee-shin mnl lock | | NO | | NO | | | \$372.42 | PA removed eff 8/1/10 |
| L5811 | Endo knee-shin mnl lck ultra | Y/12 month | YES | | NO | | | \$557.88 | |
| L5812 | Endo knee-shin frct swg & st | | NO | | NO | | | \$432.41 | PA removed eff 8/1/10 |
| L5814 | Endo knee-shin hydral swg ph | Y/12 month | YES | | NO | | | \$2,872.88 | |
| L5816 | Endo knee-shin polyc mch sta | Y/12 month | YES | | NO | | | \$654.45 | |
| L5818 | Endo knee-shin frct swg & st | Y/12 month | YES | | NO | | | \$734.59 | |
| L5822 | Endo knee-shin pneum swg frc | Y/12 month | YES | | NO | | | \$1,302.61 | |
| L5824 | Endo knee-shin fluid swing p | Y/12 month | YES | | NO | | | \$1,173.08 | |
| L5826 | Miniature knee joint | Y/12 month | YES | | NO | | | \$2,415.72 | |
| L5828 | Endo knee-shin fluid swg/sta | Y/12 month | YES | | NO | | | \$2,160.14 | |
| L5830 | Endo knee-shin pneum/swg pha | Y/12 month | YES | | NO | | | \$1,451.50 | |
| L5840 | Multi-axial knee/shin system | Y/12 month | YES | | NO | | | \$2,683.82 | |
| L5845 | Knee-shin sys stance flexion | Y/12 month | YES | | NO | | | \$1,386.49 | |
| L5848 | Knee-shin system dampening feature | Y/12 month | YES | | NO | | | \$818.60 | rate change 08/01/2007 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|---|--------|--------|-----------------------------------|--------------|-------------------|---------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5850 | Endo ak/hip knee extens assi | | NO | | NO | | | \$97.86 | |
| L5855 | Mech hip extension assist | Y/12 months | NO | | NO | | | \$262.95 | |
| L5856 | Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. Sensor , any type | Y/12 months | PA YES Requires Departme nt Review | | NO | | | \$17,521.83 | |
| L5857 | Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, incl. Sensor , any type | Y/12 months | PA YES Requires Departme nt Review | | NO | | | \$6,217.38 | |
| L5859 | KNEE-SHIN PRO, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S) | Y/12 MONTHS | PA YES Requires Departme nt Review | | NO | | | M | CMS ADDED 1/1/13 |
| L5858 | Addt. To lower ext. prosth, knee shin sys.,micro, incl. Sens , stance phase | Y/12 months | PA YES Requires Departme nt Review | | NO | | | \$13,565.30 | |
| L5910 | Addt. Endoskeleton, below knee, alignable system | | NO | | NO | | | \$277.04 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| L5920 | Endo ak/hip alignable system | | NO | | NO | | | \$405.87 | PA removed eff 8/1/10 |
| L5925 | Above knee manual lock | | NO | | NO | | | \$342.70 | PA removed eff 8/1/10 |
| L5930 | High activity knee frame | Y/12 month | YES | | NO | | | \$2,603.69 | |
| L5940 | Endo bk ultra-light material | | NO | | NO | | | \$383.70 | PA removed eff 8/1/10 |
| L5950 | Endo ak ultra-light material | Y/12 month | YES | | NO | | | \$599.95 | |
| L5960 | Endo hip ultra-light materia | Y/12 month | YES | | NO | | | \$737.43 | |
| L5962 | Below knee flex cover system | | NO | | NO | | | \$485.31 | PA removed eff 8/1/10 |
| L5964 | addt. Endoskeleton above knee, flexible protective outer surface | Y/12 month | YES | | NO | | | \$643.61 | code active 8/1/07 rate set 1/15/08 |
| L5966 | Hip flexible cover system | Y/12 month | YES | | NO | | | \$912.85 | |
| L5968 | Multiaxial ankle w dorsiflex | Y/12 month | YES | | NO | | | \$2,811.03 | |
| L5970 | Foot external keel sach foot | | NO | | NO | | | \$155.35 | |
| L5971 | All lower extremity prosthesis, SACH foot, replacement only | | NO | | NO | | | \$183.19 | code added 6/09 eff. Date 1/1/09 |
| L5972 | Flexible keel foot | | NO | | NO | | | \$290.18 | |
| L5973 | Endoskeletal ankle foot system, microprocessor, incl. power source | Y/12 months | YES | | NO | | | M | CMS added 1/1/10 |
| L5974 | Foot single axis ankle/foot | | NO | | NO | | | \$178.25 | |
| L5975 | Combo ankle/foot prosthesis | | NO | | NO | | | \$358.62 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L5976 | Energy storing foot | Y/12 month | YES | | NO | | | \$428.39 | |
| L5978 | Ft prosth multiaxial anl/ft | | NO | | NO | | | \$223.23 | |
| L5979 | Multi-axial ankle/ft prosth | Y/12 month | YES | | NO | | | \$1,745.41 | |
| L5980 | Flex foot system | Y/12 month | YES | | NO | | | \$2,836.17 | |
| L5981 | Flex-walk sys low ext prosth | Y/12 month | YES | | NO | | | \$2,291.24 | |
| L5982 | Exoskeletal axial rotation | | NO | | NO | | | \$442.22 | PA removed eff 8/1/10 |
| L5984 | Endoskeletal axial rotation, w/wo adjustability | | NO | | NO | | | \$435.77 | PA removed eff 8/1/10 |
| L5985 | Lwr ext dynamic prosth pylon | | NO | | NO | | | \$218.43 | |
| L5986 | Multi-axial rotation unit | | NO | | NO | | | \$484.73 | PA removed eff 8/1/10 |
| L5987 | Shank ft w vert load pylon | Y/12 month | YES | | NO | | | \$5,564.74 | |
| L5988 | Vertical shock reducing pylo | Y/12 month | YES | | NO | | | \$1,545.31 | |
| L5990 | addt. To lower ext. user adj. ht | Y/12 months | YES | | NO | | | \$1,381.13 | 07/02/2007 code added rate set 08/01/2007 |
| L5999 | Lower extremity prosthesis, NOC | Y/12 months | YES | | NO | | | M | eff DOS 7/1/10 and after |
| L6000 | Par hand robin-aids thumb rem | Y/12 month | YES | | NO | | | \$1,016.37 | |
| L6010 | Hand robin-aids little/ring | Y/12 month | YES | | NO | | | \$1,131.05 | |
| L6020 | Part hand robin-aids no fing | Y/12 month | YES | | NO | | | \$1,054.53 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self- suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | YES/12 MONTHS | YES | | NO | | | \$4,766.41 | 1/1/2016 |
| L6050 | Wrst MLd sck flx hng tri pad | Y/12 month | YES | | NO | | | \$1,453.10 | |
| L6055 | Wrst mold sock w/exp interfa | Y/12 month | YES | | NO | | | \$2,025.24 | |
| L6100 | Elb mold sock flex hinge pad | Y/12 month | YES | | NO | | | \$1,472.21 | |
| L6110 | Elbow mold sock suspension t | Y/12 month | YES | | NO | | | \$1,561.53 | |
| L6120 | Elbow mold doub splt soc ste | Y/12 month | YES | | NO | | | \$1,819.73 | |
| L6130 | Elbow stump activated lock h | Y/12 month | YES | | NO | | | \$1,980.21 | |
| L6200 | Elbow mold outsid lock hinge | Y/12 month | YES | | NO | | | \$2,086.82 | |
| L6205 | Elbow molded w/ expand inter | Y/12 month | YES | | NO | | | \$2,785.58 | |
| L6250 | Elbow inter loc elbow forarm | Y/12 month | YES | | NO | | | \$2,186.51 | |
| L6300 | Shlder disart int lock elbow | Y/12 month | YES | | NO | | | \$2,849.88 | |
| L6310 | Shoulder passive restor comp | Y/12 month | YES | | NO | | | \$2,460.73 | |
| L6320 | Shoulder passive restor cap | Y/12 month | YES | | NO | | | \$1,344.26 | |
| L6350 | Thoracic intern lock elbow | Y/12 month | YES | | NO | | | \$2,996.21 | |
| L6360 | Thoracic passive restor comp | Y/12 month | YES | | NO | | | \$2,694.62 | |
| L6370 | Thoracic passive restor cap | Y/12 month | YES | | NO | | | \$1,612.38 | |
| L6380 | Postop dsg cast chg wrst/elb | Y/12 month | YES | | NO | | | \$934.33 | |
| L6382 | Postop dsg cast chg elb dis/ | Y/12 month | YES | | NO | | | \$1,405.68 | |
| L6384 | Postop dsg cast chg shlder/t | Y/12 month | YES | | NO | | | \$1,944.59 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|------------------------------|---|---|---------------|---------------|---|---------------------|---------------------------|-----------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6386 | Postop ea cast chg & realign | | NO | | NO | | | \$307.19 | PA removed eff 8/1/10 |
| L6388 | Postop applicat rigid dsg on | | NO | | NO | | | \$336.28 | PA removed eff 8/1/10 |
| L6400 | Below elbow prosth tiss shap | Y/12 month | YES | | NO | | | \$1,774.96 | |
| L6450 | Elb disart prosth tiss shap | Y/12 month | YES | | NO | | | \$2,371.31 | |
| L6500 | Above elbow prosth tiss shap | Y/12 month | YES | | NO | | | \$2,480.88 | |
| L6550 | Shldr disar prosth tiss shap | Y/12 month | YES | | NO | | | \$2,982.06 | |
| L6570 | Scap thorac prosth tiss shap | Y/12 month | YES | | NO | | | \$3,348.04 | |
| L6580 | Wrist/elbow bowden cable mol | Y/12 month | YES | | NO | | | \$1,278.22 | |
| L6582 | Wrist/elbow bowden cbl dir f | Y/12 month | YES | | NO | | | \$1,157.71 | |
| L6584 | Elbow fair lead cable molded | Y/12 month | YES | | NO | | | \$1,815.60 | |
| L6586 | Elbow fair lead cable dir fo | Y/12 month | YES | | NO | | | \$1,699.10 | |
| L6588 | Shdr fair lead cable molded | Y/12 month | YES | | NO | | | \$2,232.58 | |
| L6590 | Shdr fair lead cable direct | Y/12 month | YES | | NO | | | \$2,120.63 | |
| L6600 | Polycentric hinge pair | | NO | | NO | | | \$143.48 | |
| L6605 | Single pivot hinge pair | | NO | | NO | | | \$141.67 | |
| L6610 | Flexible metal hinge pair | | NO | | NO | | | \$136.06 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6611 | Addt. To upper ext. prosthesis, ext. pwr switch addt. | | | | NO | | | \$286.13 | 01/02/2007 code added; rate set 08/01/2007; former rate 131.43; change eff. 1/15/08; PA removed eff 12/09 |
| L6615 | Disconnect locking wrist uni | | NO | | NO | | | \$146.60 | |
| L6616 | Disconnect insert locking wr | | NO | | NO | | | \$54.32 | |
| L6620 | Flexion-friction wrist unit | | NO | | NO | | | \$234.55 | |
| L6623 | Spring-asst. rot wrst w/ latch | Y/12 month | YES | | NO | | | \$654.24 | |
| L6624 | Upper ext. addt. Flex. Ext rotation wrist | Y/12 months | YES | | NO | | | \$2,867.06 | 01/02/2007 code added rate set 08/01/2007 |
| L6625 | Rotation wrst w/ cable lock | | NO | | NO | | | \$464.86 | PA removed eff 8/1/10 |
| L6628 | Quick disconn hook adapter o | | NO | | NO | | | \$366.44 | PA removed eff 8/1/10 |
| L6629 | Lamination collar w/ couplin | | NO | | NO | | | \$111.91 | |
| L6630 | Stainless steel any wrist | | NO | | NO | | | \$164.86 | |
| L6632 | Latex suspension sleeve each | | NO | | NO | | | \$57.26 | |
| L6635 | Lift assist for elbow | | NO | | NO | | | \$134.73 | |
| L6637 | Nudge control elbow lock | | NO | | NO | | | \$287.38 | PA removed 12/09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6638 | upper ext addt. To prosth. Electric locking only for use with manually powered elbow | Y/12 months | YES | | NO | | | \$1,903.77 | 01/02/2007 code added rate set 08/01/2007 |
| L6640 | Shoulder abduction joint pai | | NO | | NO | | | \$255.30 | PA removed 12/09 |
| L6641 | Excursion amplifier pulley t | | NO | | NO | | | \$122.71 | |
| L6642 | Excursion amplifier lever ty | | NO | | NO | | | \$166.33 | PA removed 12/09 |
| L6645 | Shoulder flexion-abduction joint, each | | NO | | NO | | | \$307.03 | PA removed eff 8/1/10 |
| L6650 | Shoulder universal joint, each | | NO | | NO | | | \$318.77 | PA removed eff 8/1/10 |
| L6655 | Standard control cable extra | | NO | | NO | | | \$62.66 | |
| L6660 | Heavy duty control cable | | NO | | NO | | | \$70.21 | |
| L6665 | Teflon or equal cable lining | | NO | | NO | | | \$35.23 | |
| L6670 | Hook to hand cable adapter | | NO | | NO | | | \$38.95 | |
| L6672 | Harness chest/shlder saddle | | NO | | NO | | | \$154.58 | |
| L6675 | Harness figure of 8 sing con | | NO | | NO | | | \$91.86 | |
| L6676 | Harness figure of 8 dual con | | NO | | NO | | | \$106.19 | |
| L6680 | Test sock wrist disart/bel e | | NO | | NO | | | \$177.47 | |
| L6682 | Test sock elbw disart/above | | NO | | NO | | | \$196.22 | |
| L6684 | Test socket shldr disart/tho | | NO | | NO | | | \$266.63 | |
| L6686 | Suction socket | Y/12 month | YES | | NO | | | \$602.12 | |
| L6687 | Frame typ socket bel ow elbow or wrist | | NO | | NO | | | \$441.23 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6688 | Frame typ sock above elbow or elbow disarticulation | | NO | | NO | | | \$438.57 | PA removed eff 8/1/10 |
| L6689 | Frame typ socket shoulder di | Y/12 month | YES | | NO | | | \$525.45 | |
| L6690 | Frame typ sock interscap-tho | Y/12 month | YES | | NO | | | \$572.59 | |
| L6691 | Removable insert each | | NO | | NO | | | \$265.03 | |
| L6692 | Silicone gel insert or equal | | NO | | NO | | | \$427.78 | PA removed eff 8/1/10 |
| L6693 | Locking elbow forearm cntrbal | Y/12 month | YES | | NO | | | \$2,196.10 | |
| L6694 | Add. To upper ext. pros.,for use with locking mechanism | Y/12 month | YES | | NO | | | \$513.22 | rate change 01/02/2007 |
| L6695 | Add. To upper ext. pros., not for use with locking mechanism, custom | Y/12 month | YES | | NO | | | \$427.67 | rate change 01/02/2007 |
| L6696 | Add. To upper ext. pros., congenital or atypical traumatic amputees, initial only | Y/12 month | YES | | NO | | | \$960.11 | rate change 01/02/2007 |
| L6697 | Add. To upper ext. pros., other than congenital or traumatic amputees, initial only | Y/12 month | YES | | NO | | | \$960.11 | rate change 01/02/2007 |
| L6698 | Add. To upper ext. pros., lock mechanism, excludes socket insert | | NO | | NO | | | \$415.03 | PA removed eff 8/1/10 |
| L6703 | term. Device, passive hand mitt, any material, any size | | NO | | NO | | | \$273.68 | 01/02/2007 rate set 08/01/2007; PA removed 12/09 |
| L6704 | term. Device, sport/rec/work, any material, any size | | NO | | NO | | | \$448.97 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6706 | term dev hook, mech vol opening, any material, any size | | NO | | NO | | | \$262.67 | 01/02/2007 rate set 08/01/2007; PA removed 12/09 |
| L6707 | term dev hook, mech vol closing, any material, any size, lined or unlined | Y/12 months | YES | | NO | | | \$968.16 | 01/02/2007 rate set 08/01/2007 |
| L6708 | term dev, hand, mech vol opening, any material, any size | Y/12 months | YES | | NO | | | \$632.92 | 01/02/2007 rate set 08/01/2007 |
| L6709 | term dev hand, mech vol. closing, any material, any size | Y/12 months | YES | | NO | | | \$912.05 | 01/02/2007 rate set 08/01/2007 |
| L6711 | Terminal device, hook, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each | | NO | | NO | | | \$467.23 | PA removed eff 8/1/10 |
| L6712 | Terminal device, hook, mechanical vol. closing, any material, any size, lined or unlined, Pediatric, each | Y/12 months | YES | | NO | | | \$860.28 | CMS addition 1-1-09 |
| L6713 | Terminal device, hand, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each | Y/12 months | YES | | NO | | | \$1,085.74 | CMS addition 1-1-09 |
| L6714 | Terminal device, mechanical, vol. closing, any material, any size, Pediatric, each | Y/12 months | YES | | NO | | | \$919.62 | CMS addition 1-1-09 |
| L6721 | terminal device, hook or hand, hvy, dty., mechanical, vol. opening, any material, any size, lined or unlined, each | Y/12 months | YES | | NO | | | \$1,634.55 | CMS addition 1-1-09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L6722 | Terminal device, hook or hand, heavy duty, mechanical, vol. closing, any material, any size, lined or unlined, each | Y/12 months | YES | | NO | | | \$1,409.09 | CMS addition 1-1-09 |
| L6805 | Modifier wrist flexion unit addt to terminal device | | NO | | NO | | | \$233.82 | 01/02/2007 code added; rate change 08/01/2007; former rate \$145.18; change eff. 1/15/08 |
| L6810 | Addt to terminal device, precision pinch device | | NO | | NO | | | \$147.53 | rate change 01/02/2007 |
| L6881 | Automatic grasp, addt. To upper limb elect. Prosth. Terminal device | Y/12 months | YES | | NO | | | \$3,112.30 | 01/02/2007 code added rate set 08/01/2007 |
| L6882 | Microprocessor control feature, addt. To upper limb prosth. Terminal device | Y/12 months | YES | | NO | | | \$2,360.84 | 02/01/2007 code added rate set 8/1/2007 |
| L6890 | Production glove | | NO | | NO | | | \$130.10 | |
| L6895 | Custom glove | Y/12 month | YES | | NO | | | \$478.63 | |
| L6900 | Hand restorat thumb/1 finger | Y/12 month | YES | | NO | | | \$1,365.87 | |
| L6905 | Hand restoration multiple fi | Y/12 month | YES | | NO | | | \$1,358.12 | |
| L6910 | Hand restoration no fingers | Y/12 month | YES | | NO | | | \$1,161.34 | |
| L6915 | Hand restoration replacmnt g | Y/12 month | YES | | NO | | | \$585.52 | |
| L6920 | Wrist disarticul switch ctrl | Y/12 month | YES | | NO | | | \$5,105.00 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA& CMN required | Rental Price | Purchase Price | Date updated |
| L6925 | Wrist disart myoelectronic c | Y/12 month | YES | | NO | | | \$6,872.21 | |
| L6930 | Below elbow switch control | Y/12 month | YES | | NO | | | \$5,136.66 | |
| L6935 | Below elbow myoelectronic ct | Y/12 month | YES | | NO | | | \$6,978.86 | |
| L6940 | Elbow disarticulation switch | Y/12 month | YES | | NO | | | \$6,711.38 | |
| L6945 | Elbow disart myoelectronic c | Y/12 month | YES | | NO | | | \$8,200.51 | |
| L6950 | Above elbow switch control | Y/12 month | YES | | NO | | | \$7,628.42 | |
| L6955 | Above elbow myoelectronic ct | Y/12 month | YES | | NO | | | \$9,136.08 | |
| L6960 | Shldr disartic switch contro | Y/12 month | YES | | NO | | | \$10,246.43 | |
| L6965 | Shldr disartic myoelectronic | Y/12 month | YES | | NO | | | \$10,928.19 | |
| L6970 | Interscapular-thor switch ct | Y/12 month | YES | | NO | | | \$11,387.37 | |
| L6975 | Interscap-thor myoelectronic | Y/12 month | YES | | NO | | | \$12,454.12 | |
| L7007 | elect. Hand, myoelectric or switch, adult | Y/12 months | YES | | NO | | | \$2,590.46 | 01/02/2007 code added rate set 08/01/2007 |
| L7008 | elect. Hand, myoelectric or switch, ped | Y/12 months | YES | | NO | | | \$4,077.12 | 01/02/2007 code added rate set 08/01/2007 |
| L7009 | elect hook, switch or myoelect, adult | Y/12 months | YES | | NO | | | \$2,643.09 | 01/02/2007 code added rate set 08/01/2007 |
| L7040 | Prehensile actuator switch controlled | Y/12 month | YES | | NO | | | \$2,156.50 | rate change 01/02/2007 |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | Y/12 month | YES | | NO | | | \$1,236.40 | |
| L7170 | Electronic elbow hosmer swit | Y/12 month | YES | | NO | | | \$5,692.81 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|---------------|--------|-----------------------------------|--------------|-------------------|-----------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L7180 | Electronic elbow utah myoele | Y/12 month | YES | | NO | | | \$24,740.96 | |
| L7181 | electronic elbow, sim. Control of elbow and terminal device | Y/12 months | Requires DMS review YES | | NO | | | \$29,245.58 | rate change 01/02/2007 |
| L7185 | electronic elbow, sim. Variety Village or equal switch control | Y/12 month | YES | | NO | | | \$5,621.74 | |
| L7186 | Electron elbow child switch | Y/12 month | YES | | NO | | | \$6,766.31 | |
| L7190 | Elbow adolescent myoelectron | Y/12 month | YES | | NO | | | \$5,904.74 | |
| L7191 | Elbow child myoelectronic ct | Y/12 month | YES | | NO | | | \$7,070.40 | |
| L7259 | Electronic wrist rotator, any type | YES/12 MONTHS | YES | | NO | | | \$3,047.27 | 1/1/2016 |
| L7266 | Servo control steeper or equ | Y/12 month | YES | | NO | | | \$1,009.80 | |
| L7272 | Analogue control unb or equa | Y/12 month | YES | | NO | | | \$1,748.68 | |
| L7274 | Proportional ctl 12 volt uta | Y/12 month | YES | | NO | | | \$4,393.50 | |
| L7360 | Six volt battery, each | | NO | | NO | | | \$182.53 | CMS description change 1/08 |
| L7362 | Battery charger, six volt, each | | NO | | NO | | | \$191.65 | CMS description change 1/08 |
| L7364 | Twelve volt battery , each | | NO | 2 per year | NO | | | \$304.81 | PA removed eff 8/1/10 |
| L7366 | Battery charger 12 volt each | | NO | 1 per 4 years | NO | | | \$410.59 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L7367 | lithium ion battery replacement | | NO | | NO | | | \$296.38 | 01/02/2007 code added rate set 08/01/2007; PA removed 12/09 |
| L7368 | Lithium battery charger | | NO | 1 per 4 years | NO | | | \$368.37 | PA removed eff 8/1/10 |
| L7400 | Addt. To upper ext. prosth. Ultralight material | | NO | | NO | | | \$223.71 | rate set 01/02/2007 |
| L7401 | Addt. To upper ext. prosthesis above elbow disart. Ultralight material | | NO | | NO | | | \$261.21 | 02/01/2007 code added rate set 8/1/2007; PA removed 12/09 |
| L7403 | Addt. To upper ext. prosth. acrylic material | | NO | | NO | | | \$268.11 | rate set 01/02/2007 |
| L7404 | addt. To upper ext prosth. Above elbow disart. Acrylic | | NO | | NO | | | \$423.12 | PA removed eff 8/1/10 |
| L7499 | Upper extremity prosthesis NOS | Y/12 month | YES | | NO | | | M | |
| L7500 | Prosthetic dvc repair hourly | Y/12 months if PA required | YES>\$50 0 | | NO | | | \$58.00 | PA restriction raised to \$500 eff 8/1/10 |
| L7510 | Repair of prosthetic device, minor parts | Y/12 months | PA | | NO | | | M | reimbursement changed from \$32.03 to Manual eff. DOS 6-1-09 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L7520 | Repair prosthetic device, labor component, per 15 min | Y/12 month if PA required | YES > \$500 | | NO | | | \$10.00 | clarified to indicate labor component; PA restriction raised to \$500 eff 8/1/08 |
| L7600 | Prosthetic donning sleeve, any material | Y/12 months | YES | | NO | | | M | 39114 |
| L7900 | Vacuum erection system | Y/12 month | YES | | NO | | | \$418.65 | |
| L8000 | Mastectomy bra | Y/12 month if PA required | YES>5 | 5 per year | NO | | | \$33.65 | |
| L8001 | Breast prosthesis , masectomy bra with integrated breast prothesis form, unilateral | Y/12 month if PA required | YES>5 | 5 per year | NO | | | \$91.55 | rate set 01/02/2007 |
| L8002 | Breast prosthesis, masectomy bra with integrated breast prothesis form, bilateral | Y/12 month if PA required | YES>5 | 5 per year | NO | | | \$120.43 | rate change 01/02/2007 |
| L8010 | Mastectomy sleeve | | NO | | NO | | | \$47.84 | |
| L8015 | Ext breast prosthesis garment | | NO | | NO | | | \$46.36 | |
| L8020 | Mastectomy form | Y/12 months if PA required | YES >2 | 2 per year | NO | | | \$174.40 | rate change 01/02/2007; qt corrected to >2 2/1/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|------------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L8030 | Breast prosthesis silicone/e | Y/12 months if PA required | YES>2 | 2 per year | NO | | | \$252.26 | rate change 01/02/2007; qt corrected to >2 2/1/08 |
| L8031 | Breast prosthesis, silicone or equal, with intergral adhesive, each | Y/12 months | YES | | | | | M | CMS added 1/1/10 |
| L8035 | Custom breast prosthesis | Y/12 month | YES | | NO | | | \$2,834.00 | |
| L8039 | Breast prosthesis, NOS | Y/12 month | YES | | NO | | | M | |
| L8040 | Nasal prosthesis, provided by a non-physician | Y/12 months | YES | | NO | | | \$491.73 | |
| L8041 | Midfacial prosthesis, provided by a non- physician | Y/12 month | YES | | NO | | | \$592.68 | |
| L8042 | Orbital prosthesis, provided by a non-physician | Y/12 month | YES | | NO | | | \$665.93 | |
| L8043 | Upper facial prosthesis, provided by a non- physician | Y/12 month | YES | | NO | | | \$745.84 | |
| L8044 | Hemi-facial prosthesis, provided by a non- physician | Y/12 month | YES | | NO | | | \$825.76 | |
| L8045 | Prosthetic External Ear provided by a non- physician | Y/12 months | YES | | NO | | | \$742.15 | 07/02/2007 rate corrected |
| L8046 | Partial facial prosthesis, provided by a non- physician | Y/12 month | YES | | NO | | | \$532.74 | |
| L8047 | Nasal septal prosthesis, provided by a non- physician | Y/12 month | YES | | NO | | | \$273.03 | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L8048 | Unspecified Maxillofacial Prosthesis, by a non-physician | Y/12 months | YES | | NO | | | M | Pricing changed effective 7/01/2015 |
| L8049 | Repair or modification of maxillofacial prosthesis, by a non-physician | Y/12 months if PA required | YES>\$500 | | NO | | | \$20.92 | PA restriction raised to \$500 eff 8/1/10 |
| L8300 | Truss single w/ standard pad | | NO | | NO | | | \$74.50 | |
| L8310 | Truss double w/ standard pad | | NO | | NO | | | \$114.54 | |
| L8320 | Truss addition to std pad wa | | NO | | NO | | | \$50.05 | |
| L8330 | Truss add to std pad scrotal | | NO | | NO | | | \$49.59 | |
| L8400 | Sheath below knee | | NO | | NO | | | \$14.49 | |
| L8410 | Sheath above knee | | NO | | NO | | | \$16.49 | |
| L8415 | Sheath upper limb | | NO | | NO | | | \$16.40 | |
| L8417 | Prosthetic sheath/sock, incl. gel cushion layer, below knee or above knee, each | | NO | | NO | | | \$58.17 | |
| L8420 | Prosthetic sock multi ply BK | | NO | | NO | | | \$19.17 | |
| L8430 | Prosthetic sock multi ply AK | | NO | | NO | | | \$21.08 | |
| L8435 | Pros sock multi ply upper lm | | NO | | NO | | | \$18.93 | |
| L8440 | Shrinker below knee | | NO | | NO | | | \$40.11 | |
| L8460 | Shrinker above knee | | NO | | NO | | | \$55.81 | |
| L8465 | Shrinker upper limb | | NO | | NO | | | \$49.75 | |
| L8470 | Pros sock single ply BK | | NO | | NO | | | \$5.11 | |
| L8480 | Pros sock single ply AK | | NO | | NO | | | \$7.04 | |
| L8485 | Pros sock single ply upper l | | NO | | NO | | | \$8.50 | |
| L8499 | Unlisted Misc prosthetic service | Y/12 month | YES | | NO | | | MSRP-22% | |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L8500 | artificial larynx | Y/12 months | YES | | NO | | | \$529.27 | rate set 01/02/2007 |
| L8501 | Tracheostomy speaking valve | Y/if PA required | YES > 6 per calendar year | | NO | | | \$112.12 | effective DOS 7- 1-09 and after |
| L8505 | Artificial larynx replacement battery/accessory, any type, each | Y/12 months | YES | | NO | | | M | code effective DOS 6/1/09 |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type | | NO | | NO | | | \$27.18 | |
| L8509 | Tracheo-esophageal voice prosthesis, inst. by lic. Health care provider, any type | | NO | | NO | | | \$70.86 | |
| L8510 | Voice Amplifier | | NO | | NO | | | \$163.95 | |
| L8511 | Insert for Indwelling T/E prosthesis with or W/O valve replacement each | | NO | | NO | | | \$47.19 | |
| L8512 | Gelatin capsules or equ. use with T/E prosthesis replacement only per 10 | | NO | | NO | | | \$1.42 | |
| L8513 | Cleaning device used with T/E prosthesis replacement only each | | NO | | NO | | | \$3.38 | |
| L8514 | T/E puncture dilator replacement only each | | NO | | NO | | | \$61.19 | |
| L8515 | gelatin capsule application device for use with TE voice prosthesis, each | | NO | | NO | | | \$48.05 | rate set 08/01/2007 removed from PA 10/08 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L8615 | Headset/Headpiece for use with cochlear implant device, replacement | | NO | | NO | | | \$329.19 | PA removed eff 8/1/10 |
| L8616 | microphone for use with cochlear implant device, replacement | | NO | | NO | | | \$76.68 | rate set 01/02/2007 |
| L8617 | transmitting coil for use with cochlear implant device, replacement | | NO | | NO | | | \$66.97 | rate set 01/02/2007 |
| L8618 | transmitter cable for use with cochlear implant device, replacement | | NO | | NO | | | \$19.13 | rate set 01/02/2007 |
| L8619 | cochlear implant external speech processor replacement | Y/12 month | YES | | NO | | | \$6,281.98 | |
| L8621 | Zinc air battery for use with cochlear implant device, each | | NO | | NO | | | \$0.45 | rate set 01/02/2007 |
| L8622 | Alkaline batt. For use with coch. Imp. Device, any size,each | | NO | | NO | | | \$0.24 | rate set 01/02/2007 |
| L8623 | Lithium ion battery coch. imp. Device speech proc.other than Ear level, ea | | NO | | NO | | | \$47.21 | rate set 01/02/2007 |
| L8624 | Lithium ion battery for coch. imp. Device speech proc. Ear level, each | | NO | | NO | | | \$132.38 | rate set 01/02/2007 |
| L8627 | Cochlear implant, external speech processor, component, replacement | Y/12 months | YES | | NO | | | \$6,279.07 | CMS added 1/1/10; M pricing removed 11/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|---|---|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|---|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| L8628 | Cochlear implant, external controller component, replacement | Y/12 months | YES | | NO | | | \$1,128.41 | CMS added 1/1/10; M pricing removed 11/1/10 |
| L8629 | Transmitting coil and cable, integrated for use with cochlear implant device, replacement | Y/12 months | YES | | NO | | | \$163.32 | CMS added 1/1/10; M pricing removed 11/1/10 |
| L8696 | Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each | | NO | | NO | | | \$209.01 | 1/1/2016 |
| L8691 | auditory osseointegrated dev, ext. sound replacer, repl only | Y/12 months | YES | | NO | | | \$2,030.00 | 01/02/2007 code added rate set 08/01/2007 |
| L8695 | ext recharging sys for battery(ext) for use with implantable neurostimulator | | NO | | NO | | | \$12.69 | PA removed eff 8/1/10 |
| S1040 | Cranial remolding orthosis, rigid with soft interface, incl. fitting/adjust. Custom fab. Pediatric | Y/12 months | YES | | NO | | | M | |
| S9435 | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM | Y/12months | Yes | | NO | | | M | Effective DOS 1/1/3 |
| V2623 | Eye Prosthetic, plastic or custom | Y/12 months | YES | | NO | | | \$686.64 | |
| V2624 | Polishing/Resurfacing of Ocular Prosthesis | | NO | | NO | | | \$46.57 | |
| V2625 | Enlargement of Ocular Prosthesis | | NO | | NO | | | \$301.62 | PA removed eff 8/1/10 |

| MEDICAID PROGRAM DME FEE SCHEDULE 2016 | | | | | | | | | |
|--|--|--|-------------------------------------|--------|--------|-----------------------------------|--------------|-------------------|--------------------------|
| Note: | | | | | | | | | |
| Red indicates new codes or changes for the most current revision date. | | | | | | | | | |
| PA required for rentals as indicated on the fee schedule. | | | | | | | | | |
| The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. | | | | | | | | | |
| If a quantity limit is exceeded, a CMN & PA are required. | | | | | | | | | |
| By current regulation, any item \$500 or over requires a PA. | | | | | | | | | |
| HCPCS | Description | CMN expiration date for purchase or rental | Purchase PA & CMN required | Limits | Rental | Rental PA & CMN required | Rental Price | Purchase Price | Date updated |
| V2626 | Reduction of Ocular Prosthesis | | NO | | NO | | | \$191.36 | |
| V2627 | Scleral Cover Shell | Y/12 months | YES | | NO | | | \$1,095.59 | |
| V2628 | Fabrication and Fitting of Ocular confor | | NO | | NO | | | \$250.49 | PA removed eff 8/1/10 |
| V2629 | Eye Prosthetic,other type | Y/12 months | YES | | NO | | | \$125.00 | |
| Notes: | | | | | | | | | |
| "M" = Manually Priced (manufacturer's invoice + 20%) | | | | | | | | | |
| "MSRP-22%" manufacturer's suggested retail price -22% | | | | | | | | | |
| "MSRP-15%" manufacturer's suggested retail price - 15% | | | | | | | | | |
| RR indicates rental | | | | | | | | | |
| CMN=Certificate of Medical Necessity required for prior authorized items | | | | | | | | | |
| Accepted CMN's are Medicare applicable or Medicaid MAP1000 & MAP1000B; Medicare applicable CMN s must meet regulatory requirements | | | | | | | | | |
| "PA" = Prior Authorization | | | | | | | | | |
| PA, MAP-9, and CMN faxed to Carewise at 1-502-429-5233 or 1-800-807-8843 | | | | | | | | | |
| Regulation, Fee Schedule, MAP-9, MAP-1000 , MAP 1000B & MAP 1001 are located on the Web site http://www.chfs.ky.gov/dms | | | | | | | | | |
| It is the responsibility of the provider to check eligibility. | | | | | | | | | |
| Limitation Over-rides must be medically necessary and require PA. | | | | | | | | | |
| A prescriber's written order is required for those items not identified as requiring a CMN. | | | | | | | | | |